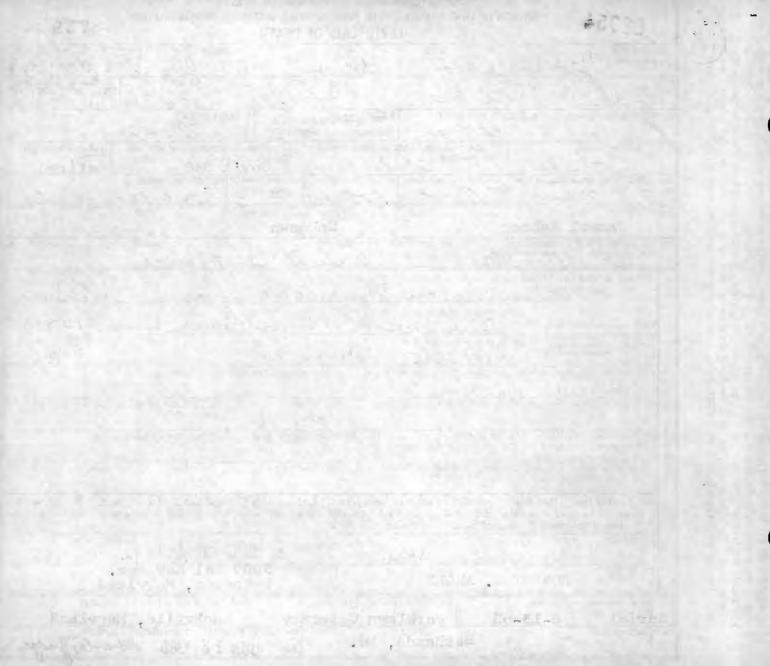
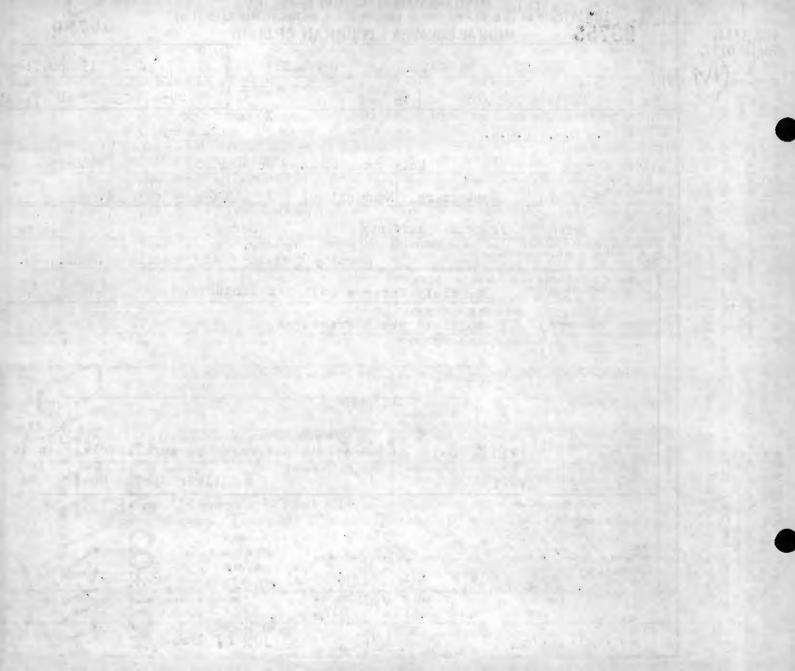


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- description		08754 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0759
1 2 (1/4)	1	CERTIFICATE OF DEATH	0 0 0 0
- de 1		ECEASED-NAME First , Middle Last 20. DATE OF DEATH	2b. HOUR
de d	1	(ype or print) Nathanul I. Kahned June 19	100 /2 P.M
fer dear frer dear	3. SI		UNDER I YEAR   IF UNDER 24 HRS.
of see		20 - last birthday) Mon	ITHS DAYS HOURS MAIN
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hin 24 filled r pape thin 77	10, 0	TITY OR TOWNOF DEATH  1. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol during most of working life, even if retired.)	26-KIND OF BUSINESS OR INDUSTRY
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od v		USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. HISTOR CITY LIMITS? 13e. STREET AND NUMBER	
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d co	14.	FATHER'S NAME First Middle Last 1.S. MOTHER'S MAIDEN NAME First Middle	Lost
on on in co		Samuel Rabner Unknown	
ion ion	1án	. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. ] 17. INFORMANT Address	ano. Cal
ysic ple ple	1	(95, ng, ar unknown) (II yes give war or dates of service) Wile Margaret Raling.	Thomas
ph	=		APPROXIMATE INTERVAL
4 E		18 CAUSE OF DEATH (Enter only the cause per line far (a), (b), and (c),)	BETWEEN ONSET AND GEATH
end mit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CEREBRAL THROMBUSIS	30 hours
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# # # # # # # # # # # # # # # # # # #		Canditions, if any, which gave) of arterior clarole are brok-larce las when	10 YRS
by con		rise to immediate cause (a).  stating the underlying cause  DUE TO, QR AS A CONSEQUENCE OF	
es licio		lost. WELLITUS	5 4/25
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deat the hospital or attending physicion. The certificate has been signed by the attending physician and campletely filled in by the funeral proched for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours ofter deaf		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
o be	-	332 HIATUS HERIVIA	
low ndir bee	101	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
The fow ratending has been se as the h priar to	15	YES NO CAUSES OF DEATH?	
AN: The of a cote he cote he or use Health	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	IR)
ol ol of for He		TOR CONTRIBUTING FI CAUSE OF GEATH HOUR A.M. Month Day Year	10.)
rSICIAN: ospital or certificate hed for unit. of Health	MEDICAL	(If either, notify medical examiner) P.M. 19	
binG PHYSICIAN: The low reby the hospital or attending lifer this certificate has been be detached for use as the State Dept. of Health priar to	1	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Complete Multiplication of the complete street of the compl	ounty State
the det		Ini work — at work — 1	
OR ATTENDING be retained by th OIRECTOR: After t je 3 should be de ed with the State		220. I certify that (I) (this hospital) attended the deceased from UAN, 31, 1955, to UUAL 10, 1965 saw the deceased alive an UVAL (0) 1968, and that in (my) (our) apinian death occurred an the date of causes stated above, (I) (we) (did) (did not) view the body after death.	k , that (1) (we) last
ed A He	ш	saw the deceased alive an VVN ( O 1968, and that in (my) (our) apinian death occurred on the date of	and hour and fram the
Fie Sod		22% SIGNATURE 22% DATE	
Will Service Page 1	1	ATTENDING MED. STAFF	
o a a a a a a a a a a a a a a a a a a a			10 1968
TAL AL Perf		22d AHYSICIAN'S NAME (Type) ROBERT G. ANGLE  22e. ADDRESS 5009 Del Ray Ave. Bethesda Marylane	3
Poge 4 may be retained by the horor to FUNERAL DIRECTOR: After this director, page 3 should be detor should be filed with the State Dep			
S age	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (C	(State)
20 20 1/2			ryland
VR A15 VA 30M REV. 768	24.	FUNERAL DIRECTOR  Bethesda, Md.  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN  CASE ADDRESS  PATE 111A 1 3 1968 VCL	
30M REV. 1/68	1	dust A. Phenephren Detnesda, Ma. DATE JUN 13 1968 Julia	reles Judges



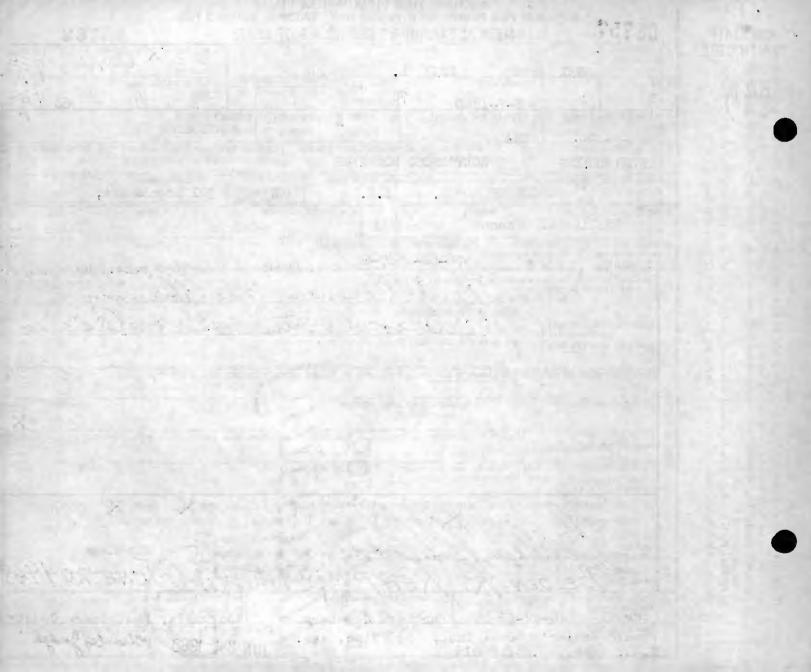
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FOR STATE	18	755	MEDIC			ERTIFICATI	OF DE					13.48	
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First		Middl		Lost		20.	DATE KNOWN		Day		2b. HOUR
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	3. SEX	4. RACE	5. DATE OF BIE		6. AGE (In years last birthday) 19	MONTHS DAYS	HOURS	MIN. 2c.	Month June		Year	168	2d. HOUR 7:45
Tal Indian	Male 70. BIRTHPLACE (Str	White	CITIZEN OF WH			ARRIED NEVER M	ADDIED [X	9. COUNTY		1)	_	lbo l	1 - T.M.
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ath ages th far	10. CITY OR TOWN			AME OF HOSPITAL		ON (If not in haspite	el 12c. U	SUAL OCCUP	ATION (Kind of w	ork done	12b. KIND		
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hin 24 ncil in niner's pages haurs	140 WAS DECEASED	John EVER IN U.S. ARMED FOI		ncis F	affert	17. INFORMANT	Mothe		ADDR	ECC		r.e.T.	ring
within pencil xamine ile pag	(Yes, no, or unknown		or dates of service)	100. SOUNE SECO		Dorothy .					d Ker	15	Md.
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E 7 P		CAUSE WAS OR CONTRIBUTING	21b. TIME OF	INJURY Month, De	**	21c HOW INJURY O	OCCURRED (En	iter noture o	f injury in Port 1	or Port 2, It	rem 18.	ccid	ent
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		NOT WHILE TOCK	ry, office building	At hame, form, s ng, etc.)	Treet,	ZIT. LOCATION STIRE	et of K.F.D. No.		City or Town  lver Sp	oring	Mon		State Md
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TO DEPUTY CICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, cren	EXAMINER'S NAME (Type		EN	KI	EN		DDIESSISY		or county)	DINE	14.	19	68
10 To 1 He	230/ BURIAL CREM	ecity)	ATE V. 2. 17. 1	968 23c. NA	ME OF CENTIF	OR CREMATORY			CATION (City or L		(County)	nd	ate)
(50	24. FUNERAL DIRE	CIOR	01 36	03 14	ADDRESS A	W	2So. REC'I	D BY REGISTI	1968 25b.	REGISTRAR'S	SIGNATUR	luca	_
VR A15ME (5) 10M REV. 1/68	mm,	alland	1	was	350	20010	DATE JU	DIA T.	1000	1	6	1 0	



MAKYLAND SIAIL DEPAKIMENI OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 98755 00761 CERTIFICATE OF DEATH 24 DATE OF DEATH Middle DECEASED-NAME 2b. HOUR death. (Type or print) Month ease remaye carban papers. Pages 1 and in any event, within 72 hours after 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS executed within 24 hours after 3. SEX 6. AGE (In years last birthday) DAYS MONTHS 1 HOURS 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED .= WIDOWED X DIVORCED [ filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR JOWN OF DEATH KIND OF BUSINESS OR give street address) most of working Kersts 13e. STREET AND NUMBER 130. USUAL RESIDENCE Of here deceased lived, if institution; Residence before NO [ 14. FATHER'S MAINE Middle MOTHER'S MAIDEN NAME First requires that the death certificate be 16g. WAS DECEASED-EYER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na, or unknown 141 yes and or or dates of service) burial, cremation, or remayal, 014-26-755 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY Myecardial infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove Cerenary thrembesis burial-transit rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Cerenary arteriescleresis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta 19a DATE OF OPERATION 20g. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖃 NO 🗆 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work ATTENDING 220. I certify that (I) (this haspital) attended the deceased from the saw the deceased olive any two 1968, and that in (my) (our) opinion deathy occurred on the date and hour and from the be retained causes stated abave, (1) (we) (did not) view the bady after death. 22b. SIGNATORE 22c. DATE SIGNED ATTENDING June 30, 1968 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 10400 Conn. Ave. MXN. Kensington, Md. George Sharp, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE (County) (State) Fall River, Mass. 7-2-1968 Oak Grove Cemetery Just Director Tawler's Sons, Inc., 5130 Wisc. Ave N.W., Wash., D.C., 20016 25a. REC'D BY REGISTRAR 30M REV. TV68

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a DATE KNOWN Yeor (Type or Print) DEATH MATED XXXX Craio MMKX 3 SEX 4 RACE S DATE OF RIPTH 6. AGE (in years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD W M Year 2-7-1890 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TNEVER MARRIED 9. COUNTY OF DEATH MONTGOMERY DIVORCED [ WIDOWED IT Memphis. Mo. the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR GIVED TEVEL OF TOSS HOSPITAL during most of working life, even if retired.) INDUSTRY STLVER SPRING HS Govt 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN deoth. 13d. INSIDE CITY LIMITS? 3e. STREET AND NUMBER admission) STATE MD 13b. COUNTY MONTG. 901 Arcola Ave, S.S. YES X NO ond 2 after 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last William KX Thomas Reddish Jennie Baker 5 poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Benci 17 INFORMANT ADDRESS (Yes, no. or unknown) 578-62-4567-TAdah R. Reddish 1734 Th Yes: USAF executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF pe Canditions, if any, which gave rise to immediate cause (a). should AUD DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 writing 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. YES -21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth. Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE 22a. I certify that taak charge of the remains described above, held an Autapsy Inspection K Inquiry X and in my apinian death resulted from: Natural causes Accident Suicide 1 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUT NAME (Type) He He 23o BURIAL CREMATION. 23c NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Parklawn Cemetery Buria. Rockville. Montgomery County 2Sb. REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. VR A15ME (5) 10M REV. 1/68 N.W. Wash. D.C. 20016



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR AGE (In years lost orthogy) DAYS HOURS YRS voriar-iransii pemili. Then please remave carban papers. Pac burial, crematian, ar remaval, and in any event, within 72 ho**ù**s 70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT 8. MARRIED 9. COUNTY OF DEATH ,⊑ WIDOWED' DIVORCED filled i 20 USUAL OCCUPATION (Kind of work dane 10 LITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY 13e STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13d INSIDE ETY LIMITS? 13b COUNTY YES M NO F IS. MOTHER'S MAIDEN NAME FIRST and o 14 FATHER S NAME Middle Lost Middle Lost the attending physician sit permit. Then please 16b. SOCIAL SECURITY NO. 7, INFORMANT Address pe-or unknown) 18. CAUSE OF DEATH (Enter only one couse per\_line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by the burial-transit p Canditions, if any, which gave ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT has been be detached far use as the State Dept. of Health priar ta 19a, DATE OF OPERATION 20a. AUTOPSY? 201. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NOV this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No City or Town Stote County While Not while at work O FUNERAL DIRECTOR: After 22a. I **certify** that (I) (this hespites) attended the deceased from 200, 1968, tagtillar &, 1968, that (I) (we) last saw the deceased alive an the date and haur and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (did) (did not) view the bady after death. 22b. SIGNATUR 22t DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) / ENRY 230. BURIAL, CREMATION, Burial (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 6/6/68 Rockville-Parklawn Cemetery . Manyland 250. RECIDEN REGISTRATS 68 256. RECISTRARY SOMETIME 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1 68 Toseph Gawler's Some, 5130Wis.Ave. Wash., D.C.

MAKYLAND STATE DEPARTMENT OF HEALTH

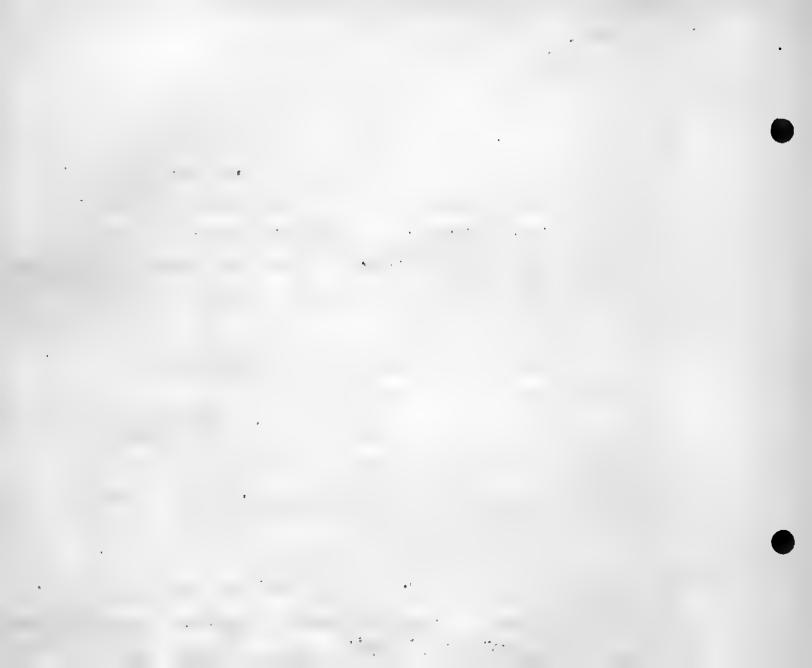


MAKYLAND SIAIE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost DECEASED-NAME 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after deoth. ond 2 (Type or print) Month The fundrol la he @10 safter dgesel 3. SEX 4. RACE S. DATE OF BIRTH HE LINCER I YEAR 6. AGE (In years last birthday) CAYS HOURS YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9 COUNTY OF DEATH NEVER MARRIED ease remove corban papers. and in ony event, within 72 h .⊆ WIDOWED X DIVORCED [ PONTGOMER filled IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working INDLSTRY please remove corban ond completely 730c 136. USDAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d. MSIDE CITY LIMITS? 13e STREET AND NUMBER NO 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME FIRST homas scee17 INFORMANT Address Yes, no, or unknown) MohKAN burial, cremation, or removol, 300 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 411-186dd Conditions, if any, which gave ) buriol-tronsit rise to immediate couse (a). signed by Page 4 may be retained by the hospital or attending physicion. stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use as the b O FUNERAL DIRECTOR: After this certificate has been unio 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 285 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year Stote Dept. of (If either, notify medical examiner) PM be detoched 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 2/10, 19.5.3, to 0/10/1, 19.60, that (1) (we) lost sow the deceased alive on 19.60, and that in (my) (aur) apinion death occurred and the date and haur and from the director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did pot) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** -MED. DIRECTOR DEGREE PHYS 809 Viers Mill 22d PHYSIC AN 22e. ADDRESS STEPHEN JONES NAME (Type) Rockville Maryland 23o. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 6-13-68 Painesville. Ohio Evergreen Cemetery PUMPHREY, Bethesda, Maryland L2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/68





MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2n. DATE OF DEATH 2b. HOUR deoth. leoth. (Type or print) GEORCENIA 6:30AH KichARdSON after 3. SEX DATE OF BIRTH 6. AGE (In veors IF LINDER I YEAR lost birthdoy) MONTHS DAYS 2-16-91 requires that the death certificate be executed within 24 hours 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH MARRIED NEVER MARRIED signed by the attending physicion and completely filled in the buriol-tronsit permit. Then please remove corbon papers. buriol, cremation, or removal, ond in ony event, within 72 ha country) WIDOWED 🔀 DIVORCED [ hontgomeny MICHIGAN 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR during most of working life, even if retired ) **INDUSTRY** 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY front gomeny Gleni Scho boof Oscaolo YES 🔀 Middle 15. MOTHER'S MAIDEN NAME First WILLIAM HERNDON MARIAM WEINBERG 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) [#] yes give war or dates of service) Occepto Rd. Glen 1B. CAUSE OF DEATH (Enter only one couse per line\_for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) PARCINOMIA (Adano) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) os the priar to t Page 4 may be retained by the hospitol or ottending MONANY 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AHTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING O FUNERAL DIRECTOR: After this certificate hos CAUSES OF DEATH? be detoched for use YES 🔲 director, page 3 should be detached for use should be filed with the State Dept. of Health i 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town Stote County While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from b - Y \_\_\_\_, 19\_6 Y , ta \_\_\_\_ 6 - 4 \_, 19\_6 Y , that (1) \_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased glive on couses stored abov (1) (we) (did) (did not) view the body ofter death. 226. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS mD DEGREE DIRECTOR 22d PHYSICIAN S 22e ADDRESS Edwin E. Westura. 209 Panorama Dr., So., NAME (Type) Wash. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) Cedar Hill Cemetery Suitland, P.G.Co., Maryland 1968 h Gawler's Sons, Wash., Inc. VR A15 (4) 2 30M REV 1/68



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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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MAKITAND STATE DEPAKTMENT OF HEALTH

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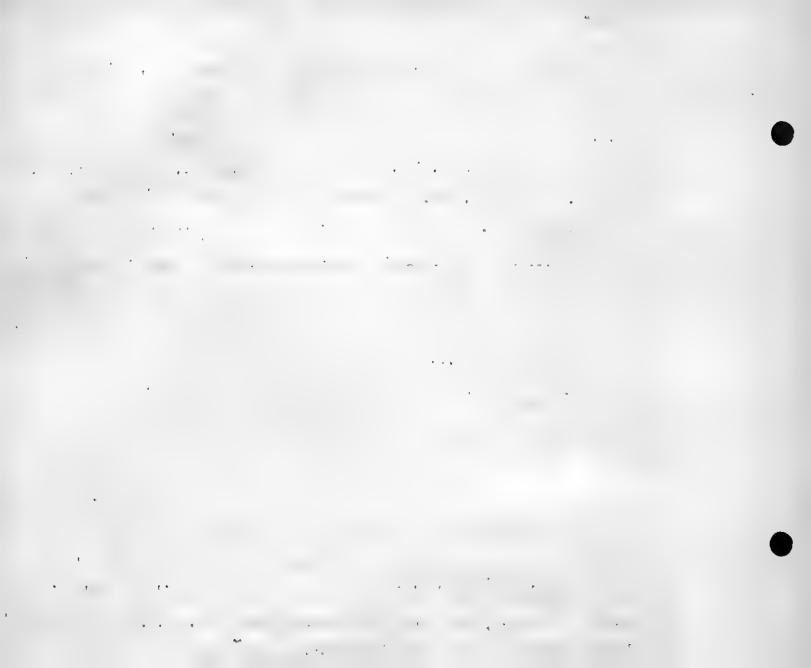
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O = 5 >	CERTIFICATION			WAS PERFORMED	?				YES	NO 🗀
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	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR /	A.M. P.M. 19	1					
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ctor.		death resulted from.	Natural car	uses 🔀 Acciden		Suicide [], Hi	omicide 🔲	, Undetermined mann	ér 🔲	
please I directo retained	Ш	ACTUAL &	111		100		EDICAL EXAMIN			
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O DEPUTY SICA necessary, please ex the funeral director. 5 may be retained O FUNERAL DIRECTO Health priar to bur	270	/5050	DATE	22 NAME OF	EMPLEDA	OR (REMATORY		MOTO A STATE OF THE STATE OF TH	(County)	(Stote)
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Q. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death. (Type or print) funëro ROBINSON JOHN **F.YNN** JUNE 9:15aM 4. RACE S. DATE OF BIRTH 6. AGE (In years within 72 hours after COVE-RING 3. SEX F UNDER 1 YEAR F LINDER 24 HRS. offer last birthday) MONTHS ! HOURS 8-30-02 CAUCASION MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED hog (duntry) Ulivris TISA WIDOWED [ DIVORCED [ MONTGOMERY Md. requires that the deoth certificate be executed within 24 ond completely filled remove corbon pape 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR WASHINGTON SAN & HOSPITAL during most of working life, even if retired ) INDUSTRY TAKOMA PARK RETTRED\*FUNERAL DIREC. in ony event, 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LAMPIS? 13e STREET AND NUMBER admission) STATE Montgome SILVER SPRING YES NO 13b. COUNTY 11123 Nicholas 8 14. FATHER'S NAME IS MOTHER 5 MAJDEN NAME First Middle Last Last John Robinson Unknown pleose l, and 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, go, ar unknown) White---Mrs. Ruth ROBINSON Same removal N 578-34-2132 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY director, page 3 should be detached for use as the burial-transit permit should be filed with the State Dept. of Health prior to burial, cremotion, or IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove ) rise to immediate rouse (o) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificote hos been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🔀 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark FUNERAL DIRECTOR: After 19 6 7 to 1966, and that in (my) (our) apinian death accurred an the date and have and from the saw the deceased alive an\_ 6/11 causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22¢, DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d PRYSICIAN'S 22e. ADDRESS 11161 New Hampshire Avenue silver NAME (Type) Huch 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b DATE (County) (State) REMOVAL (Specify) Prince George County. incoln Crematory 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Carter 30M REV. 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH 1 DECEASED-NAME First Manth 9. (Type or print) MARY BESSIE ROSENHEIM June S. DATE OF BIRTH 4 RACE 6. AGE (In years 3. SEX last birthday) June 22, 1900 Female White law requires that the death certificate be executed within 24 hours at 9 COUNTY OF DEATH 70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 🖾 NEVER MARRIED 🗔 Montgomery D.C. USA DIVORCED [7 WIDOWED I campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of warking life, even if retired.)
Sales Mgr. INDUSTRY give street address) Takoma Park Hecht Co. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTYPr. Geo. adm ssian) STATE 8200 - 14th Avenue Hyattsville YES 🙀 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Last SOBER Eigie Cedar Abraham 17 INFORMANT 66 SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknown) 579-40-1763A Maurice Rosenheim same as 13 above burial, crematian, ar removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ACUTE CORONARY THROMBOSIS IMMEDIA. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CORONARY HEART DISEASE Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause HYPERTENSIVE HEART DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OBESITY MELLITUS O FUNERAL DIRECTOR: After this certificate has been 20h. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO KIC 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County 21d. INJURY OCCURRED While hat while at wark 220. I certify that (I) (this-hospital) attended the deceased fram 1952, 19, ta 6-9-, 1968, that (I) (we) last saw the deceased alive an 7-, 1968, and that in (my) (our) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22r. DATE SIGNED ATTENDING illuran DEGREE June 9. 1968 PHYS DIRECTOR 8829 Flower Ave., Sil Spg. Md. 22d. PHYSICIAN'S Samuel Hillman, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23b. DATE 23a BURIAL CREMATION. REMOVAL (Specify) 1968 Ohev Sholom Talmud Torah Wash. 2Sg REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Goldberg Funeral Home 4217 9th Street N.W. DATE 30M REV 1/68

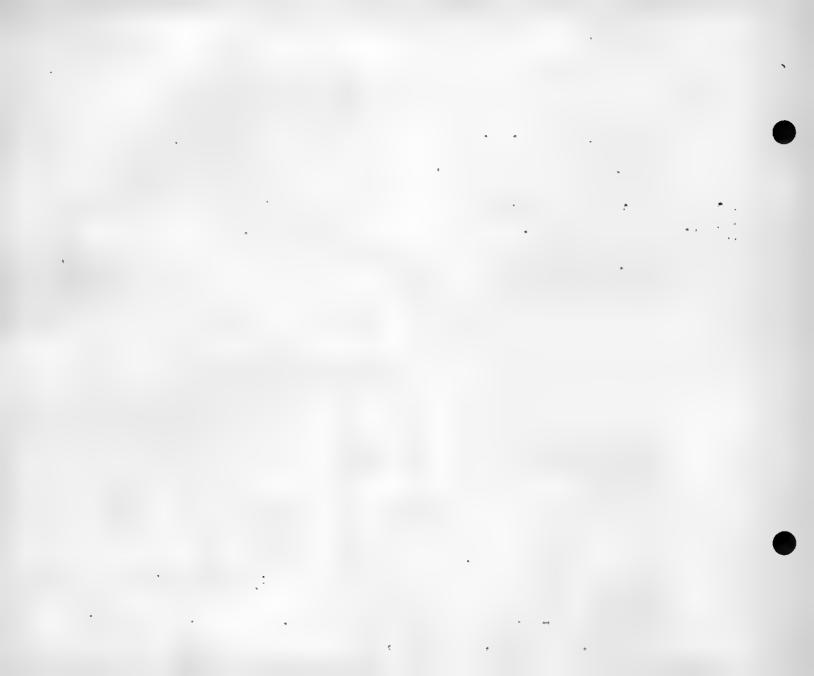


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requires that the death certificate be executed within 24 g physician.  I signed by the attending physician and completely, fixed a bursol-transit permit. Then please remove carbon page oburial, cremation, or removal, and in any event, within 72	L	Bethosda give street oddress) Jube		sew/re	INCUSTRY
d v	130.		OR TOWN 13d INSIDE CITY LIMITS?	13e STREET AND NUMBER	11 11
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be or	(	harloskoull Humber	Olive	Turell	
afe iciar leas		AS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO.	17. INFORMAT	Address	175,000.
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a de la company		B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))			APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
afi ifi i		PART I. DEATH WAS CAUSED BY:			1 year
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the sit		onditions, if ony, which gove as to immediate course (o).  (b) Adenocarcing	ma, rectum		
the ron rec		oring the underlying couse Due TO, OR AS A CONSEQUENCE OF			
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original original		ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	D TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART I(o)	
The law requires the attending physician has been signed by se os the burial-tro the prior to burial, cre	_	15 4 X		· ·	
or 1	É	20, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED	20o. AUTOPSY?	20b, IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
The law ratending has been se os the th prior to	CERTIFICATION		YES NO	CAUSES OF OEATH?	
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YSICIAN: Ospital or certificate hed for u		TO ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  TOR CONTRIBUTING TAUSE OF DEATH HOUR A.M. Month Doy Year	c. HOW INJURY OCCURRED (Enter note	ure of injury in Port I or Port 2, Item	1 18.)
<b>三</b>	MEDICAL	f either, natify medical examiner) PM. 19			
	×		If. LOCATION Street or R.F.D. No.	City or Town	County State
this De		While Not while of work			
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d b A d b e S e S e S		snw the deceased alive and State / ) 19 6 8	and that in (my) (aur) apiniar	a death accurred an the date	and have and from the
ATTEL Straine Shoul		causes stated abave,(1) (yve)(eld) (did nat) view the bady at	ter death.		
OR ATTENI be retained DIRECTOR: A le 3 should ed with the		2b. SIGNATURE	ATTENDING -MED	STAFE 220 DAT	E SIGNED
OR De r De 3 ed w		Skine Much & The	DEGREE PHYS. MED DIRECT	TOR_D, STAFF D 6 -	.20-68
A Participation of the partici	1	2d PHYSICIAN'S () LEEWING +7	220. ADDRESS	(2)	
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detoc should be filed with the State Dep		NAME (Type) 10 you Connecticut Auc	and locorge	2 Myrbs	
HOS UN Ould	230	URIAL, CREMATION, 23b. DATE 23c NAME OF CEMETER	OR CREMATORY 23	d. LOCATION (City or Town) (	(County) (Stote)
P. O. P.	C	emation 6/20/68 Lees Cre		Washington.	D. C.
		NERAL DIRECTOR ADDRESS	2So REC'D BY RE	GISTRAR 256 REGISTRAR'S SLO	NATURE
VR A15 (4) 30M REV 1/68	T.	Wm. Lees Sons, Co. Wach DC	partition 9		to mage

	MARYLAND STATE DEPARTMENT OF HEALTH
Contract Con	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	I DECEASED-NAME (Type or Print)  And delegated in the desired in t
v 0 0 0	(Type or Print) Live derie / 11/m. Kusk. DEATH MATED 16 1968 57M
5 m 8/	3 SEX A PACE , S DATE OF RIPIH 6 AGE IN YEAR IF UNDER 24 HRS 20 DATE PRONOLINGED DEAD 24 HOUR.
e g g	MALE White 1/26/47 2 (18 Days MONTHS DAYS MOURS MIN MONTHS DOY YEOT 19 653 7 M
Any deloy	TO BIRTHPLACE (Signe or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	(Spatial)
h fa fa	10 CITY OF OWN OF DEATH 11. NAME OF HOSPITAL OR INSTITION (If not in hospital 120 USUA, OCCUPATION HAND of work done 170 KIND OF BUSINESS OR
with with se St	give street oddress) dywing most of warking title even if relyed ) (NDLSTRY :
haurs ofter deoth Item 18. Give Pages Office alang with far 1 and 2 with the Stote after death.	VETUINAL DIVER WARK VISUILOINGS
s offer 18. Gr. 9 alang 2 with death.	Total Country (White Beleased 140) if Historian Residence Desired on the Country of the Country
rs of 18. e alk	The fathermen 37 ATT ATT ATTE
hours Item Office I and 2 after	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
24   n fi	WILLIAM A. RUSK LEONA BAIN
fin 24 incl <sup>®</sup> in miner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS
with n pen Exam	(Yes Mor with nown) (If yes a ye you or dates of segges) 228-58-983 William A. Rusk - 341 Kirk St. Herndon VA
EX IE	18 CAUSE OF DEATH (Enter on y one couse per time for (d) (b) and (d) (d)
in the state of th	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Suffacation due to
Med mdir med pel	DUE TO, OR AS A CONSIQUENCE OF
pe p	Conditions if any, which gave )
E S S E	rise to immediate cause (a) stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF
should be executed wit ne word "pending" in pe to the Chief Medical Exar burial-transit permit. Fite I in any event within 72	last (1)
the state of the orbit	PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ira dec dec	1, 1 ( )
certification orward	190 DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNA. CAUSE WAS  210 T ME OF INJURY Month, Doy Year  21c. HOW INJURY OCCURRED (Enter Noture of July Andrew Rottle of Park Item 18.)
form form	₩AS PERFORMED?
This cate, be for the or relative	210. EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy Year 21c HOW HAMRY OSCURRED (Enter Porture of any representations Port 2 or Port 2 term 18)
INER e cer shou fles 3 sho rotior	PRIMARY OR CONTRIBUTING AND A 1968 TO A 1968 T
	were not write to footop attach building, etc.)
DEPUTY  Stessory, please execute the certicle funeral director. Page 4 should may be retained for your fles FUNERAL DIRECTOR: Page 3 should ealth prior to burial, cremotion,	AT WORK LAT WORK & Owlemac Kiner west talls area // Willown Me
AL For Portion of the purity o	22a. I certify that I tack charge of the remains described above held an Autapsy Inspection Inquiry and in my apinian
oleose e) director. etained DIRECTO	death resulted from Natural causes , Accident Suicide , Hamicide , Undetermined manner
direction direction of the part of the par	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL C
ITY SICA PLOT ITY, please e erol director be retained RAL DIRECT prior to bu	SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER 1 220 DATE SIGNED
Sorries Sorrie	EXAMINER'S PARTIES TO THE PROPERTY MEDICAL EXAMINERS OF THE PROPERTY MEDIC
	NAME (Type) SELDEN NEAD M. MORRES SERVENCE OF SERVEY OF SERVEY
5 = 2 E	230 BJRIAL, CREMATION 23b DATE 23c NAME OF (EMETELY OP (REMATORY) 23d LOCATION (City or Town) (County) (State)
	REMOVAL-BURIAL 6-16-68 ARLINGTON NAT. CEMETERY, ARLINGTON, VA.
VD 415145 (5)	24 FORERAL DIRECTOR, REPORT FUNERAL HONE HEPODO VA DATE JUN 25 1968 Clientes Judge
VR A15ME (5) 10M REV 1/68	4. BENFELEY KNOWN HERNOON, VA. DATE JUN 25 1968 following Jungs



2-16		-26-68 mt Division of Vital RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5
HEALTH DEPT.	-	DECEASED NAME   First Middle Lost 2a DATE KNOWN Manth Day	
12 2 8 X		(Type or Print) Robert Lee Santhota DEATH MATED 6-15	Year 25 HOUSE
5 0 0 E	1	SEX 4 RACE S DATE OF BIRTH & AGE IN YOURS FUNDER YEAR CO OF JANUER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
ny deloy is 2, and 3 to PM3. Poge		male white 9/9/23 44 yrs NOURS MIN Month Day	Yeor 1968 3 A M
ny 2, 2, epo		O BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNT OF DEATH	
form form	_	THUSIS U. S. WIDOWED DIVORCED MontgomEny	Md
s ofter death II. Give Pages 1, 2 along with form with the State Dep death.			KIND OF BUSINESS OR ISTRY
er d iive ng w ng hee		Dethes da Suburban Hospital Insurance Consultan	t
s often 18. Gr along with death.	15	30 USUAL RES DENCE (Where deceosed lived, finistitution-Residence before 13c. CITY OR TOWN admission) STATE  13b COUNTY  13c MISSOC CTY LIMITS?	HPT 102
hours Item 11 Offlice	1	4 FATHER S WAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost
	- '   '	Walter R. Saathoff Hazel I. Moch	7021
hin 24 mol in mines in hobes	ī	SA WAS DECEMBED SIZE & ADMED SOUTES AND SOUTES AND SOUTES ADDRESS ADDRESS ADDRESS	
INER: Th's certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be forworded to the Chief Medical Examinariaties.  3 should be used as burial-transit permit. File pages or removal, and in any event within 72 habses		(Yes.no. grunknown)   thus gave water and one of service)   Same as Item Yes.   WW II	13.
ecuted wil ing" in pe idical Exor ermit. File	F	18 CAUSE OF DEATH (Enter any ane cause per line for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in ite Medical I onsit permit. I event within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Acute Coronary Occlusion with	
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d be d 'f Chie rrons		Conditions, if they which gave inset a immediate cause (a).  (b) Infarction: Coronary Artery Heart Disease  DUE TO. OR AS A CONSEQUENCE OF	
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h s c ate, e foi be u	- [	WAS PERFORMED?  21a EXTERNAL CAUSE WAS  21b-TIME OF INJURY Month, Day, Year  2 c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	ON STATE
ER. Th's certificate, ould be fores.			8)
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bical Elease executions of the properties of the		deoth resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner	and in my apin an
please edirector		CHIEF MEDICAL EXAMINER	
ol d ol d rior		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22% DATE SIGN	ED
		EXAMINER'S D. PEPUTY MEDICAN EXAMINER	11/19/9
		NAME (Type) DELDEN K. TEAP M. LADDRESS STATED U. Soyo, of (ounty) & UNE	7-1100
5 m + 2 m		REMOVAL (Specify)	inty) (Stote)
	-	Burial 6-18-68 Silver Brook Cem. Niles, Michiga: ADDRESS   250 RECD BY REGISTRAR   250 REG STRARS SIGN	
		ROBERT A. PUMPHREY, Bethesda, Maryland MIE 1114 10 1969 Williams	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a DATE OF DEATH 2b. HOUR DECEASED-NAME First death 30 M (Type or print) Month and IF UNDER 24 HRS 4. RACE 6. AGE (In years F JNDER 1 YEAR hin 72 hours after 3. SEX DATE OF BIRTH last birthday) DAYS HOURS MALE CAUCAS 7.5 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED requires that the death certificate be executed within 24 hall popers and completely filled in " CTHUAND WIDOWED DIVORCED [ MONTGOMER 12a USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 125/KIND OF BUSINESS OR INDUSTRY give street oddress) during/most of working life, even if period. remove corban director, page 3 should be detached for use os the buriol-tronsir permit. Then prove temovel, and in any event with should be filed with the State Dept. of Health priar to buriol, cremation, or removel, and in any event, with TAKDMA WASH SAN 13a, USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE YES 🔀 14. FATHER'S NAME Middle MOTHER & MAIDEN NAME First Middle C55 Address 16g. WAS DECRASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, nog apunknown) (If was give wat or dates of service) 517-40-899 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Page 4 may be retained by the haspital or ottending physicion.

• FUNERAL DIRECTOR: After this certificate has been signed by the ottendidinector, page 3 should be detached for use as the burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave ) -Ovohay nse ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [ NO [ 210, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Doy Year P.M (If either, notify medical examiner) (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while of wark 6-3 a . 19 6 & that (1) (we) last 6-30 \_\_19\_\_Gand that in (my) (our) apinion death occurred on the date and hour and fram the sow the deceased alive on... causes stated obove, (1) (40) (did) (dia view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jawn) (State) 230- BURDAL, CREMATION 23b DATE (County) SERIMOVAL (Specify) 0 24 ELINERAL DIRECTOR VR A15 (4) 30M REV, 1/68

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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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TENDING fined by th OR: After 1 avid be d the State		saw the deceased alive and the date and haur and from the causes stated above, (I) (vie) (did) (did not) view the body after death.
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OR be red w	L	DEGREE PHYS DIRECTOR D STAFF PHYS.
AL AL		22d, PHYSICIANS 22e ADDRESS .
FRA ERA ERA ELA		NAME (Type) Jay R. Shapiro 8218 Wisc. Ave., Bethesda, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 should be detached for use as the burial-transit permit. Then please remave call should be filed with the State Dept at Health priar to burial, crematian, ar remaval, and in any event	230	BUR-AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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	24.	FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE.
VR A15 (4) 30M REV 1/68	N	oseph Gawler's Sons, Inc., 5130 Wisc. Ave. DATE JUN 10 1968 fcliarles Judge.



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME 20 DATE OF DEATH 2b. HOUR van papers. Pages 1 and within 72 hours after death (Type or print) 3 SEX 4. RACE S. DATE OF BIRTH 6 AGF ( n years F JNOER YEAR requires that the death certificate be executed within 24 hours after MONTHS 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED letely filled in tarban papers. country) DIVORCED [ 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done . NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR y duing most at warking life, even if retired) 13d INSIDE CUY LIMITS? 130. USUAL RESIDENCE (Where pieceosed lived, if institution: Residence before 13e. STREET AND NUMBER emove co YES X 14 FATHER'S NAME Middle Lost Last burial, crematian, ar removal, and it edse 164 WAS DECEASED EVER IN U.S. ARMED FORCES?

(If yes give wor or dotes of sen INFORMANT MAGA 16b. SOCIAL SECURITY NO. Address 626 (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' Conditions, if any, which gove) signed by the burial-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse tenorclerores lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/1 director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **CAUSES OF DEATH?** YES -NO TO FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 2to ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21d INBIRY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote White Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram Jan. 23 , 1963, to Tune 13 , 1966, that (I) saw the deceased alive on June 1 \_\_\_\_1968\_, and that in (my) (aux) apinian death accurred an the date and have and from the causes stated abave, (i) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED STAFF DEGREE DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 235. DATE REMOVAL(Specify) Maryland 0 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 250. REC'D BY REGISTRAR **VR A15** 30M REV 1768 SUCCESSION Carterilven Innina



7	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7 - 7 ( )
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED-NAME # F151 Middle Last 2a DATE KNOWN Month	Day Year 2b HOUR
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thin 24 noted in I niners pages I hours	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA. SECURITY NO. 17 INFORMANT 30/ Putance 5t - ADMINST LUI/	(e) ma
within 24 pencil in xaminer s rile pages 1 72 hours	()	(es. no. or unknown) [If yes give war or doines of service] 578-03-4628 Frank C. Schneider - SON	1.
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XAM ute th nge 4 your Poge		WHILE NOT WHILE TACTORY, OTTICE DUILDING, etc.)	
VL Execution Page 1		22o. I certify that I took charge of the remains described above, held on Autopsy 🔲, 🛮 Inspection 🔀 , 🛮 Inquiry 👿	and in my opinion
se exector. Properties for purities of pur		deoth resulted from: Notural couses 🖾, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner [	
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necessary, Fithe funeral S may be reported by Funeral Health price		EXAMINER'S NAME (Type)  JOHN G. BALL  DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) Bethesd:	
TO DEPUTY SICAL EXPENSION, please execution the funerol director. Page 5 may be retained far y TO FUNERAL DIRECTOR: PHeolth prior to burial,	230	RIP AL CEMATION 235 DATE 23, NAME OF CEMETERY OF CEMETERS OF CEMET	(Caunty) (State)
	B	urral 7-2-68 Forest Oak Cemetery Gaithersburg,	Maryland
ck	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REC D BY	IGNATURE.
VR A15ME (3)	IR	OBERT A. PUMPHREY, Bethesda, Maryland IIII - 3 1968 / Cuarle	Xue gar



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Last 2o. DATE OF DEATH First death. 24 hours after death (Type or print) Eleanor Month Lune 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years last birthday) MONTHS DAYS Fimale 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED 5. WIDOWED TO DIVORCED [ 1120 USJAL OCCUPATION (Kind of work done 11. NAME OF HOSPITALOR INSTITUTION (If not in hospital) 120 USJAL OCCUPATION (Kind of work done give street address) Coloria Villa N. Hamfuring most of working life, even if retired.)
12325 Acc Hampshire Ave. Housewise ID CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR requires that the death certificate be executed within Own home 30 USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER burial, crematian, ar remaval, and in any event admission) STATEVIANA 13b. COUNTY "Inneapolis 3128 East 24th Street NO YES R 15. MOTHER'S MAIDEN NAME First 14. FATHER S NAME Middle Lost Frederick Ellen Brown Love 2605 Pathoen Avenue 16b SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknown) (18 yes give war or dates of service) Mr. William Scott 472-52-2316 Wheaton Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 3-4 WKS-Conditions, if any which gave) rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? NO T YES 🗀 detached far use e Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 should be detache should be filed with the State Dept. 21d INJURY OCCURRED City or Town County State While Not while at work 22o. I certify that (I) (this hospital) attended the deceased from 3-10 1967 10 6-19 couses stated above, (I) (we) (did) (did not) view the body after death. 22b:SIGNATURE **ATTENDING** DEGREE PHYS 22e ADDRESS 22d PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (City or Town) 23a BUR AL, CREMATION George Co. Maryland June 1968 Port Lincon Crematory 24. AUNERAL DIRECTOR JULIS 8434 Géorgia Avenue 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Pumphrey, Inc. Silver Spring. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Eirst Middle Last 2a DATE OF DEATH 2b. HOUR death by the funeral Pages I and requires that the death certificate be executed within 24 hours after death and (Type or print) Walter Scott and completely filled in by the fur remove carban papers. Pages 1 in any event, within 72 hours after 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JINOER YEAR last birthday) Male MONTHS Cauc. ct. 16. 1883 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED countrybanada U.S.4. Montgomery WIDOWED | DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESSYOR, ar na most of warking life, even if retired) give street address Lockwood Drive Silver Spring 130 JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY JUNITS? 13e STREET AND NUMBER admission) STATE ary land 136 COUNTOnt comery Silver Spring YES NO [ 11657 Lockwood Drive 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Walter Scott Unknown 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 11657 Lockitto od Dr. 16b SOCIAL SECURITY NO Yes, no, or unknown) 1 (If yes give war or dates of service) 104-07-6106 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) burnal-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES [ NO [T] certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) fg OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at wark TO FUNERAL DIRECTOR: After this causes stated above, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR director, page shauld be filed 22e, ADDRESS 22d. PHYSICIAN S NAME (Type) Gilbert Cushner 11161 New Hampshine Aug 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION, BREMOVAL (Specify) Rockville Maryland GISTRAR 25b. REGISTRAR'S SIGNATURE Parklaum Cemeteru 25g. REC'D BY REGISTRAR HEOTELA HURO VR A15 (4) 30M REV, 1/68 HER ONKING



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b HOUR within 24 hours after death (Type or print) 6:20F Samuel. Scull. carbon papers. Pages 1 apt, within 72 hours after 5 DATE OF BIRTHOO 3. SEX 4 RACE 6 AGE (In years IS UNDER 24 HRS IF UNDER 1 YEAR lost bighday) 2/23/82 White Male 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED KI NEVER MARRIED filled in I country Montgomery DIVORCED [ WIDOWED | USA NewJersey USA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF/BUSINESS OR give street oddress) INDUSTRY' Yun Pactory Silver Spring, Md Holis 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. JUSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY admission) STATE YES-313 RockCreekChurchRd. IS. MOTHER'S MAIDEN NAME 14. FATHER S NAME F.rst Middle Middle Lost Emma. burial, cremation, ar remayal, and in the gud Richard Scull. requires that the death certificate be unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Church Rd 1 (If yes give wor or dates of service) Yes, no or unknown) 579-60-6125 Pruce Scull APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Cand tions, if any, which gave ) burial-transit ase to immediate cause (o). DUE TO, OR AS AN CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH, BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s d far use as the af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) PM director, page 3 shauld be detache shauld be filed wit the State Dept. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town State County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 ( F and that in (my) (our) opinion death accurred on the date and havr and from the saw the deceased alive an\_ causes stated abave, (1) (we) (did) (ald nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23h DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Kock Creek Cemetery 2Sb REGISTRAR'S SIGNATURE Cartelizadoressorcia Hue-2Sa. REC'D BY REGISTRAR VR A15 (4) 1968 30M REV 1/68 Inc. Silver Opring.

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CERTIFICATE OF DEATH    Death	- (AA)		00779	DIVISION OF VITAL REC	ORDS, 301 W. P			1201
(Type or print) ROY ELMER SEABOLT June Month 3 1968 3:00 M					CERTIFIC	AIE UF DEATH		
A AGE (10 VPORE ) IS LINDSR V FAR I IS LINDSR V	death. tèral and 2 death.						Manual	3 <sup>Day</sup> 1968 3:00 M
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The cry do Town of Death Bethesda give street oddress buburban Hospital Transmit of State of the State of State	in by	7a cour	BIRTHPLACE (State or foreign http:// Virginia		HOWKKIED	NEVER MARRIED [	9. COUNTY OF DEATH	MA
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Arch Seabolt  Arch Seabolt  Arch Seabolt  Is. Modile  Lost  Mary Nicholson  Is. MOTHERS MAIDEN NAME First  Middle  Lost  Mary Nicholson  Is. MOTHERS MAIDEN NAME First  Middle  Lost  Mary Nicholson  Is. MOTHERS MAIDEN NAME First  Middle  Lost  Mary Nicholson  Is. MOTHERS MAIDEN NAME First  Middle  Lost  Mary Nicholson  Is. MOTHERS MAIDEN NAME First  Middle  Lost  Mary Nicholson  Address  Gertrude Seabolt – Item # 13  Is. CAUSE OF DEATH (First only one course per line for (a), (b), and (d))  PART I. DEATH WAS CAUSED BY  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove its to immediate cause (a). Storing the underlying cause (b). Storing the underlying cause (c). Sto	uted w impletel ve carb	13o adm	USUAL RESIDENCE (Where deceos	sed lived, if institution- Residence	before 13c. CITY OR	TOWN 13d. INSIDE CITY	LIMATS? 13e STREET AND NU	MBER
16d. WAS DECEASED EVER IN U.S. ARMED FORCES?   Yes. 90 or unknown    (if yes gave and advise)   16d SOCIAL SECURITY NO.   17. INFORMANT   Gertrude Seabolt - Item # 13	and co		ATHER S NAME First		Lost IS			Aiddle Lost
18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (d.)  PART I. DEATH WAS CAUSED BY  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove lise to immediate cause (a),  Stating the underlying cause  Lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (b)  TYPES NO DEATE OF OPERATION  NO DATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (b)  TYPES NO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (b)  TYPES NO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (b)  TYPES NO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPPLATION WAS PERFORMED  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (b)  TYPES NO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (b)  TYPES NO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPPLATION WAS PERFORMED  TYPES NO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  PART 2. OTHER SIGNIFICANT CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  PART 2. OTHER SIGNIFICANT CONDITIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  TO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  TO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  TO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  TO DEATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS	ificate I ysician please of, and	16a. Y	WAS DECEASED EVER IN U.S. ARA	MEQ: FORCES? 16b. SOCIAL S vor or dates of service)		INFORMANT	A	
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	TO HOSPII Page 4 m TO FUNERA director, should be	βu	REMOVAL (Specify) 6/	<b>6/68</b>	Parklawn		23d LOCAT ON (City or To Rockville	Montg. Md.
230. BURIAL (REMAT ON, Burkenoval (Specify) 6/6/68 23c. NAME OF CEMETERY OR CREMATORY Parklawn 23d LOCAT ON (City or Town) (County) (Stote) Parklawn 24. FUNERAL DIRECTOR 23d. DIRECTOR 25o. REC'D BY REGISTRAR 25b. REG	OM REV		FUNERAL DIRECTOR yson wheeler	1331 Rockvil	Portika Lo Maryl	D. Tr	JUN 5 1968	GISTRAR'S SIGNATURE & Judge

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k. a 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
The state of the s	CERTIFICATE OF DEATH	
£ ME	DECEASED-NAME First Middle Last - 2a. DATE OF DEATH 2b. HOU	R
de d	(Type or print) John Nelson SETA Manth Day Year 7-4	M
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ING by t fiter be o	220   certify that (1) (this hospital) attended the deceased from 19 to	last
ATENDING etained by the CTOR: After the should be diffith the State	saw the deceased alive an 15 1918, and that in (my) (our) apinian death accurred an the date and haur and fram causes stated above, (I) (we) (did) (did not) view the body ofter death.	the
ATT ATT	22h SIGNATURE	_
\$38 E B	Degree PHYS. DIRECTOR - STAFF - 15 July 9 68	
TAL AL I	122d. PHYSICIAN'S NAME (Type) HERBERT MARTYN IR 122e. ADDRESS 4748 Chary Chase In Char	Ą.
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR. After director, page 3 should be a shauld be filed with the State	THE STATE OF THE S	9
Share Share	G BURIAL (REMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)  BURIAL (REMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)  BURIAL (REMAT ON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State)	
(M)	FUNERAL DIRECTOR  ADDRESS/A.S.I. D.C. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE	
30M REV 1/8	Joseph Gawler's Son 5130 Wisconsin Av. NH DANE JUN 18 1968 Illiante Quedes	



IAa		MAKTLAND SIAIE DEPARIMENT OF HEALTH
- Land		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 5786
- 21.e	1. D	CEASED NAME First Middle Last 20 DATE OF DEATH 2b. HOUR
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- (E)	3. 51	Joseph James 27 Co. 111
# \		male w 1/10/18 lost b ripday) YRS. MONTHS DAYS HOURS MIN
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h cer	ı	TB. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)  PART I. DEATH WAS CAUSED BY:
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IYSI cer cher		21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR*) 21f LOCATION Street or R.F.D. No City or Town County State
the hard		While Not while at wark
ADING d by t After d be d e State	1	220. I certify that (1) this hospital) attended the deceased from JUNE 17, 1968, to JUNE 2919 68, that (1) (we) lost saw the deceased alive on JUNE 28, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
ND N		saw the deceased alive on June 28 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
Fig. S. B. H	П	couses stated above, (I) (we) (did) (did not) view the body ofter deoth.
SEC SEL		220 STIGNATURE ATTENDING MED STAFF 22c. DATE SIGNED
D S G G G G G G G G G G G G G G G G G G		120 PHYSICIAN'S DEGREE PHYS. DIRECTOR L. PHYS L. 6/29/68
May RAL Pole for the formal pole for the forma		PHYSICIAN'S NAME (Type) ROBERT C. DADDARIO 5413 CEDAR LANCE BETWEEDA
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, crer	-	
age Siling Silin	230.	BURIAL, CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LDCATION (City or Town) (County) (Store)  Forest Oak Gaithersburg. Md.
22 2 2 2	24	
VR A15 (4) 30M REV 1/68	24.	Ernest C. Gartner, Gaithersburg, Md. III - 3 1900
CONTRACT 1700	1/	ment & farture



		MARYLAND STATE DEPARTMENT OF HEALTH	
The same of the sa		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	V 14 19
The second second		CERTIFICATE OF DEATH	\$
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	1	(YPO OF PINNT) MYRTLE IRENE SELLERS Manth Day	19/08
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n 24 h	10.	ITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work/done)	12b KIND OF BUSINESS OR
The law requires that the death certificate be executed within 24 haurs after attending physician. has been signed by the attending physician and completely fulled in by the se as the burial-transit permit. The please remave carbon papers pages the prior ta burial, crematilan, ar remaval, and in any event, within 72 hopes after the prior ta burial, crematilan, ar remaval.	2/	Koma Park Give street address) ton San. + Hospt. Housewife	INDUSTRY
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cute omp	gom	ma. haure 18814 Howthor	ne Lane.
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t the death certificate be ex the attending physician and sit permit. The please rem natian, ar remaval, and in an	160	WAS DECEASED EVER IN U.S. (ARMED FORCES?  (es, no, or unknown)   [If yes give war or dates at service]   16b SOCIAL SECURITY NO   17 INFORMANT   Address	
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rspit aspit certiff hed t. of	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INSURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	County State
DING PHYSIC by the haspi frer this cert be detached State Dept. a	L	Marine   1601 Miller	coomy stole
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A b d b d b d b d b d b d b d b d b d b	1	22a. I certify that (I) (this haspital) ottended the deceosed from 5-3, 1960, to 67, 1960 saw the deceased alive on 1960 and thot in (my) (our) opinion deoth occurred on the date	and hour ond from th
ATTEN stained CTOR: / shauld ith the	П	couses stored above, (i) [we] [aid] (aid not) view the bady offer deoth.	
OR ATTENDING De retained by the NRECTOR: After it e 3 shauld be de ed with the State	L	ATTENDING MED. STAFF	TE SIGNED
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HO. Pertraul	<b>⊉</b> 3a.	BURIA, CREMATION, 236 DAJE 23c. NAME OF CEMETERY OR CREMATORY 23d LOGATION (City on Town)	(County) (Store)
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1 .	MARYLAND STATE DEPARTMENT OF HEALTH	
Constant Con	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.20
/ FOR STATE	Item5, FilmGh02 7/2/6MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7.58
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month 1	Doy Yeor 2b HOUR
S D & A	(Type or Print) Homer D. SHELTON DEATH MATED 6 2	68 1968 1.25 M
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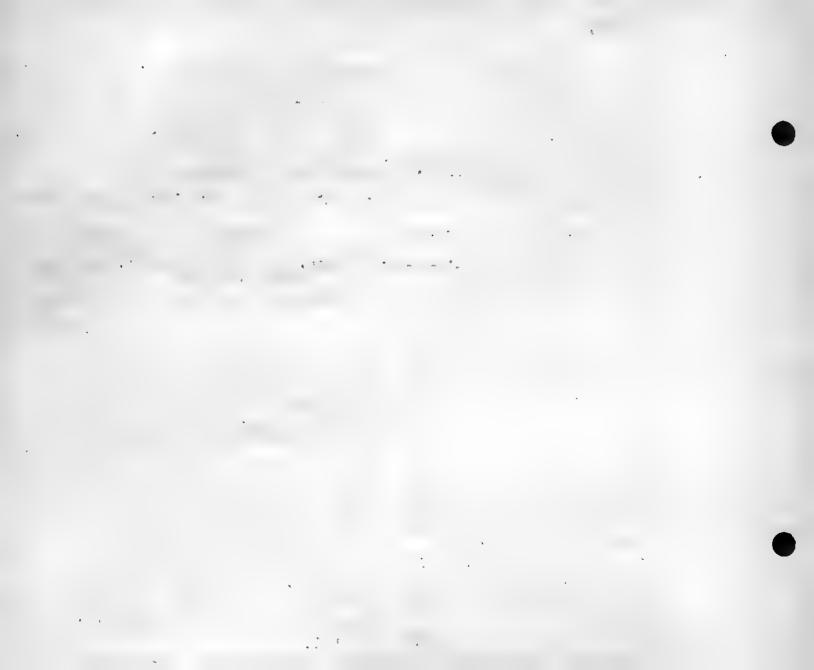




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SSPit Sspit Carting Section 1. of	■ED!CAL	(If either, notify medical exam	iner) P.M.  PLACE OF INJURY ( AT HOME, FARM, STREET,	FACTORY.) 21f. LOCATION Street or R.F.D. I	No. City or Town	County State
PHY his of etack Dep		While Nat while at work	PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	211. COCKHOIL SHEEL OF KILD.	to. City of Town	coomy
IDING I by th After t be do		22a. I certify that (!) (N	nis hospital) attended the dece		WP, to 6.16, 19	6 8, that (I) (we) last
ed bed by the She She She She She She She She She S		saw the deceased	alive an fe - 15 re, (l) (we) (did) (did net) view th	_19_&&. and that in (mv) four) a	pinian death accurred on the do	ate and havr and fram the
To tain the state of the state		22b. SIGNATURE	e, (r) (we) (ala) (gra-ner) view in	e body after death.	22c	DATE SIGNED
OR ATTENDING be retained by th NRECTOR: After t e 3 should be de ed with the State		1/1/	- Heles	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	6-16-68
AL oy body be file	<u> </u>	22d PHYSICIAN'S		10 D 22e ADDRESS &	TO PERSHING	DRIVE
SPIT 4ER/ For J	L	NAME (Type)	ASON GEIGER	2,19(18)	SILVER SPRI	NG, MY.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. at Health priar to burial, creating the state Dept. at Health priar to burial, creating the state Dept.	230	BURIAL CREMATION, 23b REMOVAL (Specify)		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	131 24	FUNERAL DIRECTOR	18/68 WASH	INGTON, GEM	BY REGISTRAR 2Sb. REGISTRAR S	SIGNATURE
VR A15 (4) 30M REV 1/68	~	LOBERG FUNY		T. IY. W. D. C. DATE	UN 18 1968 /CL	only Judge :
	2	LUDATILE FUIT	EABL HOME S	1.11.W: 410 DAIL		



_	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
E NE		CEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
de at de at	(1	ype or print) JACOB (NONE) SNIDER JUNE Month 8 Day 1968 19:45 RM
after death	3 SE	THE THE PARTY OF T
afte afte		lost birthdov) Months OAYS HOURS MEN
	2. 6	
1 P	10 E	IN O
24 hours		KUSSIA U. S. WIDOWED DIVORCED IVONTONBRY MA
E 25	10 €	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tol during most of working life, even if retired.)  12b. KIND OF BUSINESS OR during most of working life, even if retired.)  INDUSTRY
Fig. 4: Exp. /**	114	KOMAPARK (UASM. SAN. & HOSPITAL during most of working life, even if retired.) INDUSTRY GROCERY
d v lete rark nt,		USUAL RESIDENCE (Where deceased lived, if institutions Residence before 113c, CITY OR TOWN 13d, INSIGE CITY LIMITS? 113e, STREET AND NUMBER
inte reve	odmi	MARULAND 136 GOLNY GONERY SILVER SPRING YES NO 1200 EAST WEST HI WAY
y ver	14. F	ATHER'S NAME First , Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
and direction		
an ase ndi	160	Zavel Stilder WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Address
skici cat	100.	es no ne unknown) I (If ves give war or dates of service)
phy en ove	5	
E L	ш	18 CAUSE OF DEATH (Enter only one couse per ling-for (o), (b), and (c) PART I. DEATH WAS CAUSED BY.  APPROX.MATE INTERVAL. BETWEEN ONSET AND CEATH  C. L. C.
報 海道	ш	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0) Concertual Heart Tanluar 1 day.
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requires that the death certificate be executed within g physician. n signed by the attending physician and campletely filly burial-transit permit. Then please remove carban pla burial, crematian, ar remaval, and in any event, within	Ш	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
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s b as	통	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200 LOUGH FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the be start to the	CERTIFICATION	YES NO DE CAUSES OF DEATH?
Ar ate		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.)
<b>S</b>	3	OR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
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PH his Deg	П	
OR ATTENDING PHYSICIAN: be retained by the haspital at INECTOR: After this certificate e 3 shauld be detached for a	П	
After by Street	$\mathbf{H}$	22a. 1 certify that (I) (this haspital) attended the deceased fram Service and that in (my) (aur) opinion death accurred an the dote and hour and from the
R: A		saw the deceased alive an
H sh of the shall be	Н	22b, SIGNATURE 22c, DAJE SIGNED
A S S S S S S S S S S S S S S S S S S S	Ш	Decejanion Iscarca M DEGREE PHYS DIRECTOR D STAFF DE 6/8/68
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O Edgine		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pashould be filled with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within	230.	ornounce to be a fit. If the fit is a f
5 5 9	24	11 1 40 1 2010 gra som com 1 1 propins
VR A15 VI	24.	FUNERAL DIRECTOR * 250. REC'D. BY REGISTRAR 96850. REGISTRAR'S SIGNATURE OF THE PROPERTY OF TH
30M REV ÎVE8	()	Clauremby 4-down 350/19th )/ Mile Come DE . DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOUR D TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the where director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and about be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours after dealth. (Type or print) Manth deot Year 1968 2:50 M Stallings. Blair June Wayne 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HPS IF LINDER YEAR lost birthday) HOURS White Male December 22, 1961 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED X WIDOWED [ DIVORCED [ Maryland USA Montgomery 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)
None give street address) INDUSTRY Bethesda The Clinical Center, NIH 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 136 COUNTY
Prince Georges YES X NO [ 7806 Pinewood Drive Clinton Maryland 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Stallings Wayne Marie Russo 16b. SOCIAL SECURITY NO. The Medical Record, Clinical Center, National Institutes of Health, Bethesda, Md 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) BETWEEN ONSET AND DEATH PART I. DEATH WAS CALSED BY Cerebral Edema 24 hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Respiratory Insufficiency days rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying cause 18 months (a) Acute Lymphocytic Leukemia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Sepsis of unknown etiology 6 days 19o. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES [X] NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify than (NX) this haspital) attended the deceased from April 8, 19 68, ta June 6, 19 68, that XX (we) last saw the deceased clive an June 6 19 68 and that in (NX) (aur) apinian death accurred an the date and haur and from the causes stated abaye, (1) (we) (did) (NX) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland Frank C. Grumet. M.D. 23c NAME OF CEMETERY OR CREMATORY
Epiphany Church Cemetery Firestville, Maryland 23a BURIAL, CREMATION, (State) BRINDYAL (Ipecify) 6-10-68 250 REC D BY REGISTRAR Wilhelm Funeral HomeDDRESS 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 4308 Suitland Rd. SE, Suitland, Maryland



1.	١	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	"	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME Type or Print)  And the Lost Top OF FSTI:
Page 3 to San A		parry Transler of larner VK DEATH MATED - 1968 3PM
delay 33 Po	3 S	lost bernday MONTHS DAYS HOURS MIN
Department	70	BIRTHPLACE (Stote og foreign 76 Citizen O) WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	COUP	
ve Pages y with fa	10 (	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 129 USUAL OCCUPATION (Kill of work done 12b Kind OF Business OR
		give street oddress) despurbació de notrost of yorking deven il ratired. INDUSTRY
s after 18. Gr along with death.	13g	LSLAL RESIDENCE (Where deceased lived if institution Residence before 13; CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. SUPEET AND NUMBER dmiss on) STATE 13b COUNTY
hours tem 18 Office o and 2 v		Truck Harry Margaret 18 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	14.	ATHER'S NAME Arist Middle Lost IS MOTHER'S MAIDEN NAME 5-501 M ddle Lost
	16pt	MASS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT / (Son) / ADDRESS 5010 PSt a vilam fig.
	NY	The Harries (There ve war or dries of service) 211.10.9117 Abraid Starner (There Chare
al Exhin		18. CAUSE OF DEATH (Enter only one couse per Improving), (b), once (c) APPROXIMATE MIERVAL OF DEATH (Enter only one couse per Improve and Death
be executed "pending" in inef Medical E mosit permit (fevent within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Multiple Extreme Stillrare Correct and DEATH
be ex pencinet Minet Monsit ponsit percent		Conditions, if ony, which gove )  DUE TO, OR ADA CONSEQUENCE OF
Id by Chie		rise to immediate couse (a) (b) and the course (b) and the course (course to immediate course (course (course to immediate course (course (course to immediate course (course (cou
INER: This certificate should be executed wire certificate, writing the ward "pending" in pershould be farworded to the Chief Medical Exgriples.  3 should be used as a bunal-transit permit life attach, or removal, and in any event within 72.		stating the underlying cause   But 10, OR AS A CONSEQUENCE OF
the state of the different of the orbit of t		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
iffica iffing order ol, a	N.	N 1 1 A
his certificate cate, writing the se forworded to be used os a be removal, and	CATH	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?  WAS PERFORMED?
ER: This certificate, ould be for ses.	CERTIFICATION	YES NO
NER: T certifica hould b lles. should strien, or		PRIMARY OR CONTRIBUTING DE LOS CONTRIBUTIONS DE LOS
	MEDICAL	CAUSE OF DEATH  21d (NJURY OCCURRED)  21e. PLACE OF INJURY (At home, form, street, foctory of heading, size)  White NOT WHITE TOO WHITE STORE (County Store)
		AT WORK I AT WOR
Xe Xe Con Trio		22a   certify that I took charge of the remains described obove held an Autopsy , Inspection Inquiry , and many goinion
please e director stained DIRECT		death resulted from: Natural causes
2 2 . 0		ACTUAL CHIEF MEDICAL EXAMINER
		SIGNATURE
necessary, the funeral S may be roof EUNERAL Health price		NAME (Type) BELOEN K. ST-AD M.D. CORRESTINGUESTING COUNTY)
10 F	230	BUR AL CREMATION, 23b DATE 23c NAME OF COMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
QX	04	Burdal 6-26-1968 Mt. Olivet Cemetery Frederick, Maryland
VR A15ME (5)		FUNERA. DIRECTOR  Sons Inc., 5130 Wisc. Ave. DATE UIN 26 1968 Clores Superior Superi
10M REV 1/68	1	Joseph Gawler's Sons Inc., 5130 Wisc. Ave. DAIE JUN 26 1968 golorles Judge

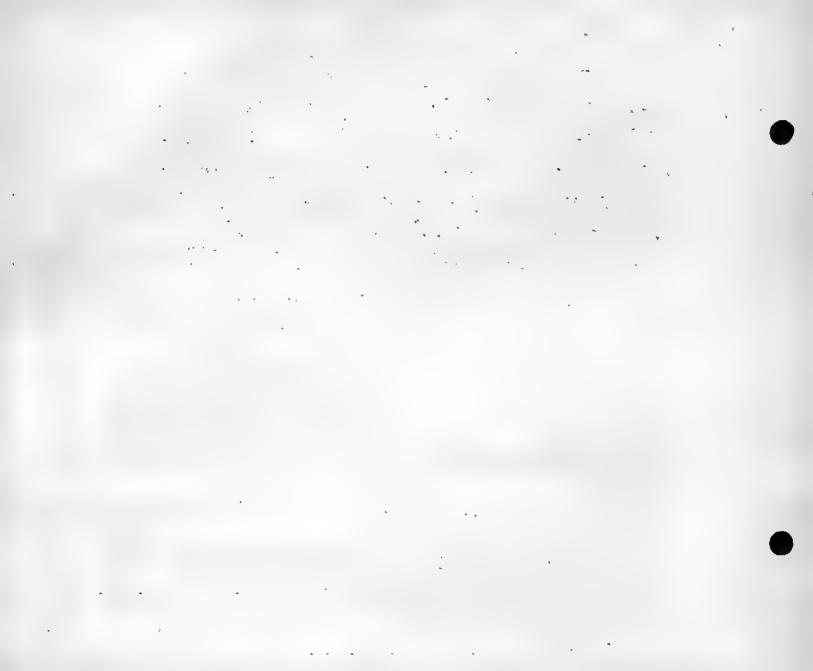


_ 1	MAKTLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY	LAND 21201
	CERTIFICATE OF DEATH	*
音 完善人	DECEASED NAME First Middle Last 2a. DATE OF DI	Month Doy Xear 2b. HOUR
death	WILLIAM I. STEINBERG June	9, 1968 7-19-
3 7 6		AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS.  Solution of the second o
hou hou hou	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED 9 COUNTY OF DI	
ed i		tgomery Md.
	give street address)	e, even if retired.) INDUSTRY
wit rbau	110 S. Adams Street   Merchant	Mens Cho.
nple s ca veni	nission) STATE 136 COUNTY 1 DECEMBER 1440	S. Adams Street
con con novery	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First	M.ddie Lost
e e) and ren	Benjamin David Steinberg Bertha	
te b ian ase ndi	), WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	Grossman
fica ysic ple ol, o	Yes, se or unknown) ("Yes give war or dotes of service) 217-32-1159 Mildred Steinberg	same as 13 Above
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in the 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. For ed with the State Dept. af Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs	18. CAUSE OF DEATH (Enter only one cause per line fer (a), (b), and (c).)	APPROX.MATE INTERVAL
ding th	PART I. DEATH WAS CAUSED BY:	BETWEEN QUISET AND DEATH
dec itten n, o	1 MMEDIATE CAUSE (a) CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
the carried articles	Conditions, if ony, which gove)	10420
hat n. yy tl ansi	rise to immediate cause (a),( stating the underlying cause)  DUE TO, OR AS A CONSEQUENCE OF	
es t sicio ad b al-tr	last. 4-9 1/	
aby: oby: ourie	PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I	N PART I(o)
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The after has see after the	AEZ NO IN	F DEATH?
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SICIA Porta Porta of fi	(If either, natify medical examiner) P.M. 19	
has be ache	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R F.D. No.  City of While Not while	Town County State
te D	et wark at wark	2018
be Sta	22a. I certify that (I) (this hospital) attended the deceased from 19 0, and that in (my) (our) opinion death of causes started above (I) (we) (did not) view the hady after death.	rurred on the date and hour and from the
R. He	causes stated above, (1) (we) (did) (did not) view the bady after death.	.alled on the date ond host ond hom the
AT AT She with with	22b. SIGNATURE	STARE 22c DATE SIGNED
OR be 1	DEGREE PHYS LI DIRECTOR LI	PHYS. 1 9 June 68
TAL Nay AL I	22d PHYS.(IAN'S NAME(Type) William S. Murphy 22e. ADDRESS 618 W. Montg	omery Ave.Rockville
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours all Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Rades should be filled with the State Dept. af Health prior to burial, cremation, ar remayal, and in any event, within 72 hours at		
Short Short	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. (OCATION REMOVAL (Specify) June 11, 1968 United Hebrew Com Bolt	
5-5	Burlar June 11. 1968 United Hebrew Com. Balt	imore Md
VR A15 40 30M REV 1/68	Goldberg Fun eral Home 4217 9th Street N.W. DAIE JUN 1 1 19	250. REGISTRAR S SIGNATURE
· //	C V T T T T T T T T T T T T T T T T T T	



10 1		MAKILAND STATE DEPARTMENT OF HEALTH	
1 18		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
~ ~ (IVI)		CERTIFICATE OF DEATH	. 7
÷ ~=		DECEASED NAME First Middle Lost 20 DATE OF DEATH	2b. HOUR
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p in d	3 S	D. E. C. T. C.	IF UNDER 1 YEAR   IF UNDER 24 HRS.
office of the	1	iost birthdgy) M	IONTHS DAYS HOURS MIN
naurs after deoth	7	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MADDISCO TO MEYER MADDISCO TO 9. COUNTY OF DEATH	
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in 24 ho safed-in pagers. httl 72 ho	_5	Twedow U.J. H WIDOWED DIVORCED Mortgon	12 Md
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ed olet car car ant,		USUAL RESIDENCE (Where decepted lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13b COUNTY LIMITS? 13b COUNTY LIMITS?	2.1.1
e ve m		nission) STATE TIdo 136 COUNTY More Kensing for YES NO 1303-11	1750her51.
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cote be executed w sician and completel please remove carbs , and in any event		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT WIFE Address	152
ertificote be physician c nen please novol, and in		Yes, no, ar unknown) (11 yes give war or doles of service) 450-18-6686	As a Lords
quires that the death certifi physician. signed by the attending phy burial-transit permit. Then l burial, crematian, ar removal	F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
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of the the risit grantify		rice to immediate course (a)	7
equires that the physician. signed by the buriol, crematify buriol, crematify		stating the underlying couse Due TO, OR AS A CONSEQUENCE OF	
quires th physician signed by buriol-tra buriol, cre		kast (c)	
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A 音音音	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M.	
PHYSICIAN: ne haspital on this certificote effoched for u Dept. of Heo	副	21d INTIREY OCCURRED 21e PLACE OF INTIREY / AT HOME HARM, STREET HACTORY A 21f LOCATION Street or R.F.D. No. (if you Town	County State
this this deto		While Not while of work of work	
Stote		220   certify that (1) (this haspital) attended the deceased from Feb. 1968, to June J. 196	, that (I) (we) lost
Aft Aft e St	L	sow the deceased alive an 34 to 5 19 68 and that in (my) (aur) opinion death accurred on the date	e ond haur and fram the
ATTENDING etained by if CTOR: After should be dirth the Stote		causes)stated abave, (1) (we) (did) (did nat) view the bady after death.	
OR ATTEND be retained DIRECTOR: A je 3 shauld ed with the		22b. SIGNATURE ATTENDING MED STAFF 22c DA	ATE SIGNED
OR DE TO SEE OF	1	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	me 5, 1968
TAL OI nay be AL DIR poge e filed	L	22d. PHYSICIAN'S 22e. ADDRESS	
d be	L	NAME (Type) George Sharpe MD 10400 Conn. Ave. Kens. M	ld
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Heal	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
05.0 p = 4		REMOVAL (Specify) Proce 10 1962 Colesville Canatary Colesville	MJ
- (DV.)	24	FUNERAL DIRECTOR O ALLA & ADDRESS 2Sd. REC'D BY REGISTRAR 2Sb. REGISTRARS SI	
VR A15 kg			With Vicent all

MARYLAND STATE DEPARTMENT OF HEALTH



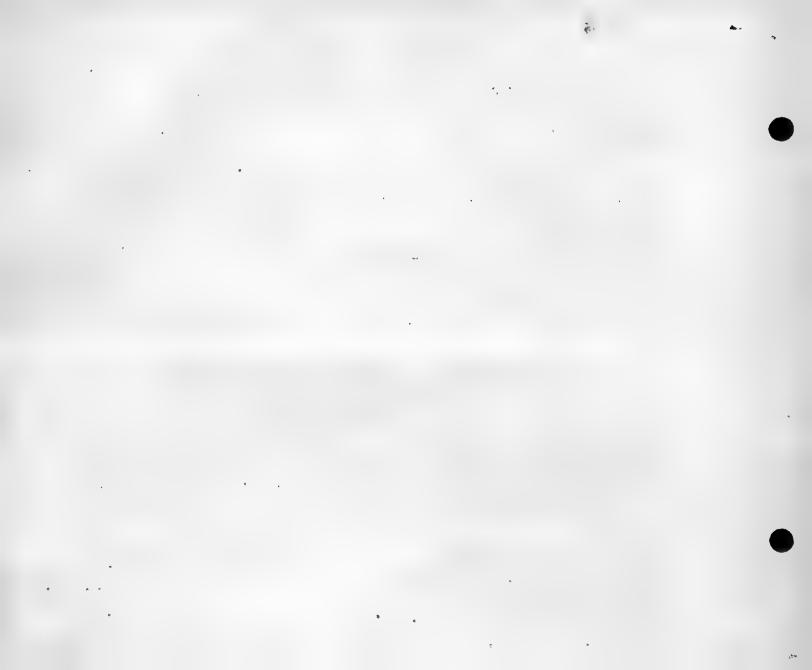
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 2g. DATE OF DEATH 2b HOUR 1805. (Type or print) SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR lost birthday) MONTHS DAYS HOURS 1-29-83 temale requires that the death certificate be executed within 24 haurs 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH completely filled in by 8 MARRIED NEVER MARRIED country). WIDOWED DIVORCED [ please remave carbon poper burial, cremation, or removol, and in ony event, within 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY JERK 130 USUAL RESIDENCE (Where deceased i ved, if institution, Residence before, 13c, CITY OR TOWN 13b. COUNTY YES NO F Talls Middle 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, ar unknown? 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY 12 hR 5 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) buriol-transit rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse enera 120 TENOSC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to Chronic bronchitis hos been d for use as the of Health prior to 190. DATE OF OPERATION 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. director, page 3 should be detached should be filed with the State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME SARM STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark , 19.68\_, to\_ 22a. I certify that (1) (this hospital) attended the deceased from 5-24 1968, and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive on. causes stated above (1) (we) (did) (did not) view the body ofter death. 226 SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF PHYS. K RUNS DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN S 10820 GA.AV 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 230. BURIAL (REMATION REMOVAL (Specify) AKWOOD 513 ADDRESS IS CONSINAUE 250 RECD BY REGISTRAR WAS HINGTON, D. C. DATE JUN 18 VR A15 (4) 30M REV 1/68

MAKYLAND STATE DEPARTMENT OF HEALTH



		-W	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	***
HEALTH, DEPT.		DECEASED NAME First Middle Last 20, DATE KNOWN Manth. (Type or Print) S. J. J. T.R. N. OF ESTI-	Day Year 2b HOUR
at of Soge	(	(Type or Print) $\sim$ (T.) Upper or Print) $\sim$ (T.) OF ESTI- DEATH MATED $\square$ 6	28 1968 12 No. MT
2 to 1	3 SI F'∈	emale (hite 4/1/139   lost birthdoy) MONTHS DAYS HOURS MIN J. J. Months Day 8	Year 68 12no m
2	7. 1	( / YRS	19° 5
<b>—</b> [ ]	(anu	ntry) , DC , LL CA , MUDONIED TO DIVIDIGED TO	
E S T	10.0	CITY OF TOWN OF PETEL	12b. KIND OF BUSINESS OR
firer death Give Pages 1, long with form ith the State Section oth.	10.	Rockville Sold Halpine Rd. Chf. of Engineers	
er og ng ng h th	13n	LSUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INS CECTIVE DW 157 13e STREET AND NUMBER	Nectied .
INER: This certificate should be executed within 24 hours ofter death a certificate, writing the word "pending" in pencil in Item 18. Give Pagsshould be farwarded to the Chief Medical Exominer's Office olong with files.  3 should be used as a burial-transit permit. File pages lond 2 with the Station, or removal, and in any event within 72 hours ofter death.	170	odmission) STATE 136 (DUNTY Rockville YES X NO 15809 Halpine	Rd.
our em ffice md;	14. F	FATHER'S MAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
14 h 11 h 15 0 s 10 s 10 s 2 of s	F	rank Fisher Laura Frizzell	
ncul in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 5504 Bestley ADDRESS P.	EUL MO
with pend xomil ile pd	- (1	WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, no. Dr. Jinknown)  (Il yes give wor or detes of service)  16b. SOCIAL SECURITY NO  17 INFORMANT  5534  Besley APPESS R.  ROBERT E. LEE JR GRAND.	soft
xecuted wii nding" in pe Medical Exor permit. File rt within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ermi with		IMMEDIATE CAUSE (a) 71 9 7 CL	
excend end Me		DUE TO, OR AS A CONSEQUENCE OF	1/a lm.
be '' p ans		Conditions, if any, which gave rise to immed ate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Use of plants by a cond of consequence of the conditions	1271.
ony		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief ! burral-transit I in any ever		ds1	
certificate should be executed writing the word "pending" in invarded to the Chief Medical Bused as a burial-transit permit.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iting iting arder d as rol, a	× O	17 7 7	Las Luzamin
veriti prwar used movo	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES ★ NO □
This cate be be	ERTIF	210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c MOW INJURY OCCURRED (Enter halfer of highly in Part 1 or Part 2,	
VER: This certificate nould be fles. should be tion, or re	3	PRIMARY PRIOR CONTRIBUTING HOUR AM	what Caponles
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH  21d INJURY OCCURRED  21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No (ty or Town)	County State
JICAL EXAMINER: This certificate should be executed with lease execute the certificate, writing the word "pending" in pedirector. Page 4 should be farwarded to the Chief Medical Exoretoined for your files.  DIRECTOR: Page 3 should be used as a bunal-transit permit. File if to burial, cremation, or removal, and in any event within 72.		WHILE AT WORK	Mesita inera Mil
Pag For y		22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry	and in my opin on
CTO for the control of the control o		death resulted from Natural causes , Accident , Suicide , Homicide Undetermined monner	- · · · · ·
please e director retoined. DIRECTO or to bu		CHIEF MEDICAL EXAMINER	_
		ACTUAL SICHATURE (1972) PLACE M.D. ASSISTANT MEDICAL EXAMINER (1972) DATI	E SIGNED
essary, length funeral funeral way be re UNERAL		DEPLIY MEDICAL EXAM.NER Dies	n. 28, 1968
TO DEPUTY necessary, p the funeral 5 may be re TO FUNERAL Health prio		NAME (Type) JOHN G. BALL ADDRESS(Street, city fown, or county) Bethes	sda, Md.
5 = = ~ 5 = ~	23a	BURIA (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town)	(County) (State)
		Burial 7-1-68 Mt. Zion Cemetery Bethesda, Ma	aryland
VR A15ME (SP)		FUNERAL DIRECTOR OBERT A. PUMPHREY, Bethesda, Maryland OBERT A. PUMPHREY, Bethesda, Maryland	
10M REV 174M	100	OBERT A. PUMPHREY, Bethesda, Maryland Dalli - 3 1968   Clore	as Judge

MAKYLAND STATE DEPARTMENT OF HEALTH



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- diam	1		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	1.000
1	1	08795		CERTIFICATE OF DEATH		06800
	1.0	CEASED-NAME First	Middle	Last	2g. DATE OF DEATH	2b. HOUR
E 275		voe or print)		-1	Month Doy	Year 10-51
8 8 8	<u></u>	VEAL	NETTE M.	THOMPSON	JUNE 6	60 17 14
1	3. S	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR
the the	L	FEMALE	WhitE	10-18-1	886 Sylinthday) YRS.	
4 haurs afte 1 in by the ers. Page 72 haurs ag			7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
4 h		105 HIEROTONI DC	U-5 A	WIDOWED DIVORCED	MONTGOMER	/. Md.
filled pope	10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		SUAL OCCUPATION (Kind of work done /	12b KIND OF BUSINESS OR
/ithi My f wrth		BETHESNE	give street oddress) Su	bue ban during	most of working life, even if retired.)	INDUSTRY
d v lete corb nt,			d lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CIT	201	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death etained by the hospital or attending physicion.  CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shalld be detached for u≡e as th≡ burial-transit permit. Then please remove carbon papers. Pages 1 are not the Stat≡ Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs of the peach of the state	odm	ssion) STATE WASH,	13b. COUNTY D.C.	District 12 Col YES	NO 4118 EMERY	PL. N.C.
d co	14.	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAMI	E First Middle	Lost
be ex and a rem in on		GEORGE	SlOAN	Fath	Perine. 13	chest
ign sase	160	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY		Address	E. K. P. M. O.
ertificate b physician ven please ioval, and in	1	es, no, or unknown) (If yes give wo	r or dates af service)	GRACE H	JALL - DAUGSTE	- A Cana -
erti ph nov	F	A CALLER OF BEATTA II	1 ( ) ( ) ( )		0,000	APPROXIMATE INTERVAL
ie death ce attending p permit. The	1	PART 1. DEATH WAS CAUSED IMMEDIAT	y one couse per line for (a), (b), and (c)  BY  Asphyxic			Immediate
Printing of the contract of th		IMMEDIA	TE CAUSE (a)ABPITYXX			Indicatace
aff car		5087	DUE TO, OR AS A CONSEQUENCE OF	3 3		
of the the sst p	1	Conditions, if any, which gave a rise to immediate cause (a)	(b) larynge:	al edema		
though the surface of		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
sicies ed al-t		lost	(d) aspirat	Lon, vomitus		
equires that the physicion. Signed by the burial-transit burial, crematil		PART 2 OTHER SIGNIF CANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	DR CONDITION GIVEN IN PART 1(a)	
ng an to t	2	PSOBIA	SIS - ARTH	RITIS- UMB	ULICAL HERA	1)'A
law bee		19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or attending physicion.  IRECTOR: After this certificate has been signed by e 3 shauld be detached for ume as the burial-traned with the Statm Dept. af Health priar to burial, cre	CERTIFICATION			YES NO	CAUSES OF DEATH?	
or of the later than the	<b>1 E</b>	21a. ACCIDENT WAS UNDERLYING			nter nature of injury in Part 1 or Part 2, It	tem 18.)
for for He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		14,	,
Spiral partition of the control of t		21d. INJURY OCCURRED 21e.	er) P.M. I PLACE OF INJURY ( AT HOME FARM STREET, FA		Na City or Town	Caunty State
S PHYSIC the hospit this certu detached		While Mot while T	DEFICE BUILDING, ETC.	CTORY.) 21f. EOCATION Street or R.F.D.	ad thy of town	20014
2 # £ 9 II		at wark at wark	1 2 3 3 4 1 1 1 1	7- 24	168, to 6 -5 , 196	58 , that (I) (we) last
IDING d by t Affer d be c		220. I certify that (I) (The	s hespital) attended the deceas ive an 6-5-68	ed from, 19	1 <b>6 &amp;</b> , to <u>6 - 5 ,</u> 19 <b>1</b> Opinian death accurred on the dat	and hour and from the
R: 4		causes stated abave	(I) (we) (did) (did nat) view the	bady after death.	spinian death accorred on the gar	e dira naar ana irain me
Tage Control		22b. SIGNATURE	, (,, (,,,,, (,,,,,,,,,,,,,,,,,,,,,,,,,		22c. D	ATE SIGNED
OR De re Be re de w		P.P.ama	Lacus M. A-	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS	-6-1968
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may may r, pog		NAME (Type)	ANDREWS	WASH	INBTON	DC
O HOSPITAL OR ATTENIE Page 4 may be retained O FUNEMIL BIRECTOR: A director, page 3 shauld should be filed with the	72	BURIAL, CREMATION, 236 D		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
TH Cage	230	DESCRIPTION AND ADDRESS OF THE PARTY OF THE	-		, , ,	1 11
5 5 2 0	A 01	Burial 6-	10-1968 Cedar	Hill Cemetery		Georges Co.
VR A15 (4) 30M REV 1/68	74.	Joseph Gawler	s Sons, Inc., 51	30 Wisc. Ave. 200. REC	D BY REGISTRAR 19 38. REGISTRARY	pro.
30M REV 1768	7	-M - M - 1 - D -	0 2001	DATE DATE		



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7	1	MARTLAND STATE DEPARTMENT OF REALTH
70		TO Q 💆 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
0		CERTIFICATE OF DEATH
{ (, )	1 D	DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
きいま		Type or grint) Month Day Year
	L'	Sylvia Marie Tomlinson June 28 1968 3:05
fur in it	3 5	EX [4, RACE   5, DATE OF BIRTH   6 AGE (In years   1 FUNDER YEAR   1 FUNDER 24 PRS.
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requires that the death certificate be executed within 24 hours after death signed by the attending physician and completely tilled in by the funeral burial-transit permit. Then please remave carbon mars Pages 1 to burial transit permit. Then please remave carbon mars Pages 1 to burial burial transit permit.	1	Takoma Park   que street address)   Mashington Sanitarium   Housewife   Washington Sanitarium   House
J w arb		USUAL RESIDENCE (Where deceased lived, if unstitution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
mpl mpl	edm	assign) STATE 13b. COUNTY YES TO NOT
car car		
6 P 5 7	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
n a le rice i d'in	L	Samuel Beale Clara Bowden
are crial an	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address
e death certificate be executed waterding physician and completelement. Then please remave carbon, and in any event,		Yes, no, or unknown (If yes give wor or dotes of service) 577-03-5723 Patient's chart
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Ter Ter		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY.
ne death attendii permit. ian, ar re	1	PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Metaatalu Carcinama weeks
att att		DUE TO, OR AS A CONSEQUENCE OF
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The law attending has been se as the th priar to	E	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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or or under		
프로 원으로	₹	OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examiner)  P.M. 19
ATTENDING PHYSICIAN: etained by the hospital or CTOR: After this certificate shauld be detached far util the State Dept. af Heal	MEDICAL	21d. INJLRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
P he de		While Mot while (OFFICE BUILDING, ETC.
de the de le company of the company		BUT WORK OT WORK
ffer by State		22a. I certify that (I) (this hospital) attended the deceased from 11 20 , 1965, to 10 , 1965, that (I) (we) to saw the deceased alive on 1965, and that in (my) (our) opinion depth occurred on the date and hour and from the
Pa Pa		saw the deceased alive on
E : 80 9 2 E		couses stated above, (1) (we) (did) (did net) view the body after death.
A de Caracter		22b. SIGNATURE ATTENDING TO NED. STAFF 22c. DATE SIGNIFO 22c. DATE
OR be red weed w	L	THE PHYS DIRECTOR PHYS. L. G.
A Paris		22d PHYSICIANS 22e ADDRESS 22e ADDRESS
ER m		NAME (TYPALBERT H. GROWNANKO 1106 GFK/NG 51- SPAIR
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-traishauld be filed with the State Dept. af Health priar ta burial, cre	23n	BURIAL, REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 1 23d LOCATION (City or Town) (County) (State)
Pag Pag dire		REMOVAL (Specify) 236 DATE 230 NAME OF CEMETERY OR CREMATORY AT ARINGTON (County) (State)
5-5	24	
VR A15 (4) 30M REV 1/68	24.	WW. DHANDERS CILLAIL
20M VF4 1/00		1400 Chapin. ST. N.W.   DAIII - 3 1068   peranes years



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VI)	00798	(	ERTIFICATE OF DEATH		74945
	DECEASED NAME First (Type or print)	Middle	Lost	20. DATE OF DEATH Doy	68 Yeor 2b. Hour 3:15A4
5 3	SEX BABY	BOY 4. RACE	TOOTLE  S. DATE OF BIRTH	JUNE 9	68 3:15A4
1	MALE	NEGROID	7 JUNE 68	lost birthday) YRS.	MONTHS 2DAYS HOURS MIN.
	BIRTHPLACE (State or foreign unity)	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH MONTOGOMERY	Md
	CITY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL OR INS give street address) NNM	INTERIOR (If not in hospital 12c (ISB)	AL OCCUPATION (Kind of work done ost Northing life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY NONE
13i od	o. USUAL RESIDENCE (Where decease mission) STATE VIRGINIA	ed lived, if Institution, Residence before	13d INSIDE CITY L		STREET
14	I. FATHER'S NAME FIRST WTLLTAM	Middle Lost nmn TOOTLE	15. MOTHER'S MAIDEN NAME F		HOWARD
16	So. WAS DECEASED EVER IN U.S. ARM			1400 CHARLES ST	FREDERICKSB- URG, VA
2	Conditions, if only, which gove inse to immediate couse (a), stoting the underlying couse last.  PART 2 OTHER SIGNIFICANT COM	(b) DUE TO, OR AS A CONSEQUENCE OF  (c)	HEART DISEASE; INT		BETWEEN ONSET AND DEATH
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MEDICAL CE	GONTR BUTTING CAUSE OF OFAT	H HOUR A.M. Month Doy Year per) P.M. 19		r noture of injury in Port 1 or Port 2, I	
W	While Mot while		21f. LOCATION Street or R.F.D. No.  2 JUNE	nion deoth occurred on the do	County Stote  68 , that (I) (we) last te and hour and from the Date signed 1968
	22d. PHYSICIAN'S NAME (Type) W. R.	HIX, LCDR, MC, US	22e. ADDRESS	pital, Bethesda,	
23	Burial, CREMATION, 23b. I		CEMETERY OR CREMATORY  er National	23d LOCATION (Gity or Town) Culpepper, Virg	(County) (State)
24	funeral director Rellev Funeral H	1311 Charles	2So. REC D	PY REGISTRAR 1968 REGISTRARYS	SIGNATURE STATES

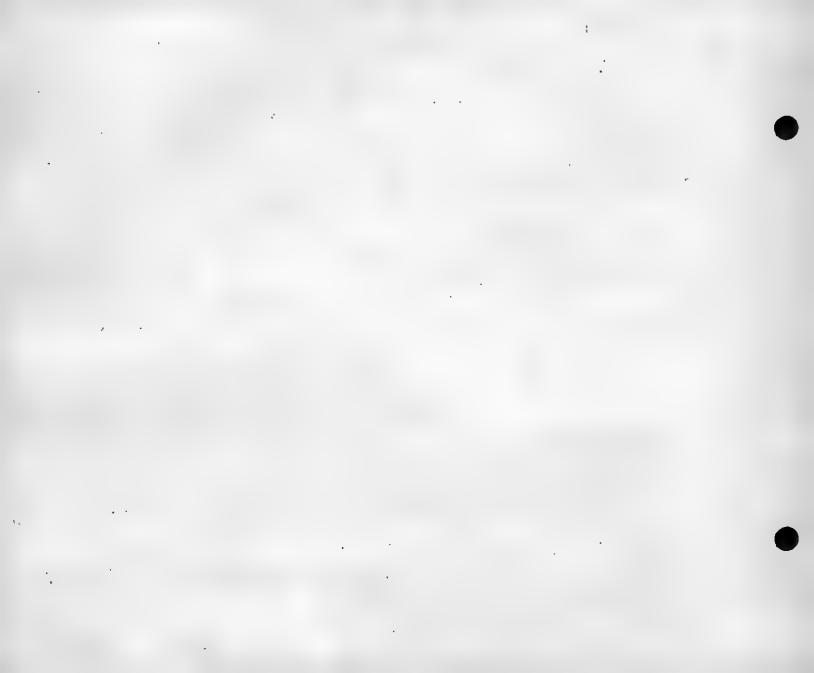


ing and a second		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOR	E, MARYLAND 21201	91
		CERTIFICATE OF DEATH		A Same
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offer of fur offer of fur offer of offe	<b>3</b> SI	EX 4 RACE S. DATE OF BIRTH		IF UNDER 1 YEAR   IF UNDER 24 HRS.
5		Temale (W 5/12/08	last birthday) M	IONTHS DAYS HOURS MIN.
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COL	INTY OF DEATH	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Llingury U.S. A WIDOWED DIVORCED [	Montgom	ery Md.
fille fille	10. (	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of	UPATION (Kind of work done	12b.JKIND OF BUSINESS OR INDUSTRY
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dad dad	14	FATHER'S NAME First Middle Last Is. MOTHER'S MAIDEN NAME First	Fazekas	FOST
icate b Sician please I, and i	16a	WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17. INFORMANT	Address 4	23 Buller Star
requires that the death certificate be executed within 24 hours physician. signed by the attending physician and campletely filled in burial-transit permit. Then please females capban papers to burial, crematian, or remaval, and in any event, within 25 tours		Yes, no, ar unknown) (If yes give war or dates of service) 363.3.05.46658 Muchta - 70	es abstille	~ Rett. m
squires that the death certifichysician. Signed by the attending phyburial-transit permit. Then burial, crematian, or remaval	H	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce attending   permit. Th		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Congenture Heart Failur	- Armanonia	3 CATALON OF AND DEATH
de de erm		413 1 DUE TO, OR AS A CONSEQUENCE OF		1-1-1
the or		Canditions, if any, which gave		
that an. by 1 rans	ı	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
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equires that the physician. signed by the burial-transit burial, cremati		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART I(a)	
w r ding een the r to	8	i forkerson's theseen		
r attending to a transfer of the law reading to the prior to the transfer of transfer of the transfer of transfer	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
r of the series	ERT	YES NO E  210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature	a of source on Port 1, on Port 2, Ite	- 101
ficat for far		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	e et illjury at rall i at rall 2, 49	m 16.)
ing PHYSICIAN: The law reby the haspital ar attending ther this certificate has been be detached far use as the State Dept. af Health prior ta	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street at R.F.D. Na. While P. Not while	City or Town	County State
PH ne h this efac Dep		of work at work	,	•
N		220. I certify that (I) (this hospital) attended the deceased from \$1/5/1, 19.68, saw the deceased alive an 19.68, and that in (my) (our) apinion says stand above (I) (we) (did total act) him to be deceased to me.	10_5/ /6, 19_	(8), that (1) (we) last
ENDIN ENDIN 18 Afte 19 be Sta		saw the deceased alive an	death occurred an the date	ond hour ond from the
A ATTER retaine FCTOR: 3 shaul with th		causes stated above, (1) (we) (did) (did not) view the body ofter deoth.		ATE /SIGNED/
OR ATTEND be retained DIRECTOR: A ge 3 should led with the S		Sud a Hell My DEGREE PHYS DIRECTO	STAFF C	16/18
may be may be RAL DIRI		22d. PHYSICIAN'S 22e. ADDRESS.		1000
O HOSPITAL Page 4 may O FUNERAL director, pag Sshauld be fil		NAME (Type) FRED A. GILL M.D. 4743	Bradley Blus	I then year
O HOSPII Page 4 m O FUNER director,	23a		LOCATION (City or Town)	(Caunty) (State)
5 5 5 4 K		DOLLAR O MO OF		ryland
VR ALS		FUNERAL DIRECTOR OBERT A. PUMPHREY, Bethesda, Maryland DATE JUN	STRAR 19 25h REGISTRAP S SI	GNATURE Sudge
30M REV 9768	14	OBERT A. PUMPHREY, Bethesda, Maryland Jun	19 1968 8000	The Karnel Dry

MAKTLAND STATE DEPARTMENT OF HEALTH



10 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
EOD STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  ADD  OFF
HEALTH DEPT.	1. D	PERSON NAME PLANTS AND ASSESSMENT OF THE PERSON NAMED ASSESSME
		TOWSON OF MAN EUSTACE TOWSON OF ESTI- DEATH MATER 6-16 68/38M
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fer death Give Pages 1, ag with farm the State De	10 (	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
r de F ve F g w the		LEUY CHASE, MD, give street oddress) 4800 Chevy Chase during most atworking life, even if retired) INDUSTRY GOUE.
2 who the death death		USLA RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CIT LIMITS? 13e. STREET AND NUMBER 4800 im-ssion) STATE D. 13b COUNTY MOIST Charles YES RINOTT Charles YES RINOTT Charles The
rs of the last of		The state of the s
A hours office of other d	14, F	ATHER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle CAMPbell
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Page should be farwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit. File pages 10ad 2 wuth the Statement, or remayal, and in any event within 72 hours after death		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 18c, no. pr Unknown) (If yes give wor or deleas at service) 579-12-7763 Flor-INDA Pronzato Chase Dr.
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NER e cer shaul files. sha atran	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R.F.D. No City or Town County State
bical EXAMINER: This certificate should be executed with se execute the certificate, writing the ward "pending" in percia. Page 4 shauld be farwarded to the Chief Medical Exampled for your files. ECTOR: Page 3 shauld be used as a burial-transit permit. File burial, crematian, ar remayal, and in any event within 72.		WHILE NOT WHILE OCTORY, office building, etc)
JICAL EXAM ilease execute the director. Page 4 etained far your DIRECTOR: Page ir to burial, crem		22a   certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
ICAL E. executor. Paged for CTOR: burnel,		death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
9 5 4 5 4		CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE SIGNED ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
DEPUTY ecessary, p ne funeral may be re FUNERAL ealth prid		EXAMINER'S DEPUTY MEDICAL EXAMINER 1010
necessary, the funeral 5 may be r		NAME (Type) [36606] ADDRESS(Spree Type) SUNE 16, 1768
5 g = 2 5 7	230	BURAL (REMATION) 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Store) REMOVAL (Specify) 6-19-68 Cedeur HILL CREMATORY Md.
VR A15ME (3)	24	euneral director  Lucia #3064 4523 m. deletos La. 250 RECD BY REGISTRAR 250 REG STRAR S SIGNATURE  DATJUN 18 1968 Cliarles Judge
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
*		.1801	-	CERTIFICATE OF DE	•	2 6				
	1 00	CEASED NAME First	Middle	Lost						
24 hours after deoth.		ype or print) /	0	-	20. DATE OF DEATH  Month De	Dy Yeor 25. HOUR				
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£ 5	1	BETHESDA	give street address)	3 AN	during most of working life, even if retired.)	INDUSTRY				
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equires that the death certificate be executed thy sician. Signed by the attending physician and complete buriol-transit permit. Then please remove corburial, cremation, or removal, and in any event.	OUSTIN	MARY LAND	Mon Toomery	BETHESDA YE	50 NO □ 5617 Old	Chester CT				
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ng p si si si si to bi	,	TKU								
low bee	ATIO		ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY		CONSIDERED IN CERTIFYING				
Se	CERTIFICATION			YES	NO CAUSES OF DEATH?					
or or needle		210 ACCIDENT WAS UNDERLYING			RED (Enter noture of injury in Part 1 or Part 2	, Item 18.)				
Pierie Piere	MEDICAL	or contributing cause of DEATH	r) HOUR A.M. Manth Doy Year P.M. 1							
DING PHYSICIAN: The low requires the by the hospital or oftending physician. Ifter this certificote hos been signed by be detoched for use os the buriol-tron State Dept. of Health prior to buriol, cre	W.	21d INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME FARM, STREET, FA	CTORY.) 21f LOCATION Street or	R.F.D. Na City or Tawn	Caunty State				
the third detre		While Nat while of work								
by Stotl	П	22a. I certify that (I) (this	haspital) attended the deceas	ed france	_, 1942, 10 / 3 , 1	9 & d, that (I) (we) last				
OR ATTENDING be refolined by the JIRECTOR: After the e 3 should be do ed with the Stote	Ш	saw the deceased ali- causes stated above,	(I) (we) (did) (did no) view the	body after death.	aur) apinian death occurred an the d	ate and hour and tram the				
AT AT Short with with with the second	П	22b. SIGNATURE	KI /		220	. DATE SIGNED				
OR ATTEND DE retoined DIRECTOR: A JE 3 should ed with the		Janel	D (and ob	DEGREE PHYS	DIRECTOR PHYS.	46/68				
SPITAL 4 moy MERAL I or, pog	Ш	22d PHYSICIAN'S NAME (Type) PAUL	D CANTOR	22e ADDRESS	7707 LOILE SOMELY	Lane:				
A n A n NER Stor,					Bethesda, Maryl	and				
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or othending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	230.	BURIAL, CREMATION, 23b. D/	6-68   Z3c NAME OF	CEMETERY OR CREMATORY  T Hill Crema	tory Suitland Mc	nt Md (Stote)				
E E UK	24.	UNERAL DIRECTOR	_ ADDRESS			WHENCHURE X				
OM REV. VIOL	1	Robert A Pump		onsin Ave	THE JUN 1908 REGISTRAR 1908 REGISTRAR	0				
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45 M	MARYLAND STATE DEPARTMENT OF HEALTH			
EUD CLVIE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 7 17		
HEALTH DEPT	DECEASED NAME First, Middle Lost 20 DATE KNOWN Month	Day Year 2b HOUR		
13 to 15	(Type or Print) Clyde William Tyler DEATH MATED & 6	27 1969 7 99		
	3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years   F UNDER 1 YEAR   F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d Hour		
	June 27	1968 F/A M		
- E - G	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WINTY OF DEATH WIDOWED DIVORCED WINTY OF DEATH	· ·		
ages ages fn fo	10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUT ON (14 not in hospital   120, USUAL OCCUPATION (Kind of work done	17b KIND OF BUSINESS OR		
Give Pages and with for the State th.	Bethesda give steet address) and Golf + Country Club wing most of working life even if retired.	Builder.		
	130. USUAL RESIDENCE (Where deceased lived if inclustran Residence before) 13r (TTY OR TOWN 13d, INSIDE CITY LIMITS) 13e STREET AND NUMBER			
	Menigoniery / 10 10 700 mayor cease			
	14 FATHER'S NAME First World Middle Lost Is MOTHER'S MAIDEN NAME First Middle	Lost		
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Eains		
	(195,00, or unknown) (11 yes give war or doings of service) 518-22-0381 Gladys laddy - Huntin	glown Md.		
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROX MATE INTERVAL EETWEEN ONSET AND DEATH		
e execution pending" sef Medico sit permi	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Head. Injuries - Severe -	soudden.		
be exc "pend nief Me nnsit po	Conditions, if any, which gove rise to immediate cause (a).  (b) Trauma from blows. To Head.			
ony e	rise to immediate cause (a).  Stating the underlying cause Due TO, OR AS A CONSEQUENCE OF			
should be executed ne word "pending" is the Chief Medicol buriol-transit permit n ony event within	last (c)			
This certificate should be executed cate, writing the word "pending" in the farworded to the Chief Medical E be used as a burial-transit permit for removal, and a any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)			
riffico rifing rordec ed os val, o	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?		
this certificate cate, writing the farworded the be used as a removal, and	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2	YES 🗖 NO		
INER: This e certificate, should be fa files. 3 should be u				
INER: Te certific should b files. 3 should correction.	PRIMARY NOR CONTRIBUTING 6-7 PM 6 27 968 Struck with hard object 21d INJURY OCCURRED 21e PLACE OF INJURY (At nome form street 21d INJURY OCCURRED 21e PLACE OF INJURY (At nome form street 21d INJURY OCCURRED 21e PLACE OF INJURY)	+		
	21d INJURY OCCURRED  21e PLACE OF INJURY (At name, form, street, 21f LOCATION Street or R.F.D. No Cry or Town fortory office building, jets)	County State		
EXA Lute age you Pog	AT WORK LIAT WORK LIAT WORK LAT WORK LA	Montgomery MA		
ICAL E s execu- tor. Paped for CTOR: f buriol,	22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry C	Bart F I		
ITY SICA SICA ITY, pleose estatol director. be retained RAL DIRECTO prior to but	death resulted fram: Natural causes, Accident, Suicide, Hamicide			
Y, ple Prol di SAL D Prior	I ACTUAL TO THE TOTAL TO THE TENT OF THE T	E SIGNED		
DEP TY SICAL EXAM necessory, please execute the funeral director. Page 4 has been been been been been been been bee	EXAMINER'S DEPUTY MEDICAL EXAMINER X	ne. 27, 1968		
	NAME (Type) Vohn G. Ball M.D. ADDRESS(Street, city, town, or county)			
T == 20	230 BURIA. CREMATION, PEMOVAL (Specify) June 30 1968 Tracky Cemetery OR CREMATORY 23d LOCATION (City or Town)	(Stote) (Stote)		
14	24 FUNERAL DIRECTOR, ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR			
VR ATSME	a.a. Harbreach for fort knieder Mr. marell - 1 1968 Clien	Cay Jungage		



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LOK SIMEAT		Freder Lane		MEDICA			ERTIFICATI	E OF DE					**	
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	3 5		ACE	S DATE OF BIRT	Н	6 AGE (In year			4 HRS 2c	DATE PRONOU				2d HOUR
y deloy and 3 PM3. Po	_	emale	Cau.	3/1/2		iast britisday)		HOURS	Milh	June	7 Day	Year	968	4;26
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hours Item 19 Office 1 and 2	14 1	ATHER'S NAME DE	evid	Middle		Last	15. MOTHER'S M	IAIDEN NAME	First		M.ddle		last	
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within 24 pencil in 1 xom.ner's i		WAS DECEASED EVER IN es, na, or unknown)		ir or dates of service)	16b SOCIAL SECU		17. INFORMANT			ΑI	DRESS			
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nts certificate should be executed with the writing the word "pending" in performanded to the Chief Medical Example used as a bunal-transit permit. File removal, and in any event within 72.	1	18 CAUSE OF DEA	ITH (Enter on y I WAS CAUSED	one cause per lui	por (a), (b) 9	pd (c) )	, .	7	7	0.0			ROX MATE IN EN ONSET AL	
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		PR MARY OR COM			11	4.68	Luce	ases		TORP	verd	oreg	5-	0
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VR ATSME (5)	Z4	FUNERAL DIRECTOR		-		ADDRESS		DATE J	BY REGIST	7 19 <b>68</b>	REG STRAR	SIGNATURE	Lacor	i.
10M REV 1/68		Francis (	Jaschi	s Sons	Hyatts	ville.	Md.	DATE J	7 II T	1040			10	



	MARYLAND STATE DEPARTMENT OF HEALTH							
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
(N)	CERTIFICATE OF DEATH						P08cu	
~ = ~ =		CEASED NAME First	Middle	Last	2a. D	ATE OF DEATH	2b. HOUR	
funeral and ler death	1	ype ar print) Celes	ct 1.07	UPONE SCO		June 30	1968 805 M	
fun es un	3 5		4 RACE	S. DATE OF BIR	TH	6 AGF (In years	FUNDER , YEAR IF UNDER 24 HRS.	
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death fertificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filled with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death		Female	White	Octa	14, 1901	last birthday) YRS.	MONTHS DAYS HOURS MIN.	
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ed L Fed L Fed L		sow the deceosed of	live on <u>9978 30</u> , (I) (we) (did) (did not) viev	219 63 ond that in (my	) (our) opinion d	eath accurred on the dot	e and hour and from the	
THE BOT HE	ı	22b. SIGNATURE	, (i) (we) (ala) (ala not) viev	w the body offer deoin.		1 22 D	ATE SIGNED	
OR A	L	220. SIGNATURE	Сивина	DEGREE PHYS	MED DIRECTOR	CT STAFF CT I	11/4/1/19/2	
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HOS ge /	23a.	BURIAL, CREMATION, 23b. I	DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d	OCATION (City or Town)	(County) (State)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	]	REMOVAL (Specify)	7-3-68 Ced	dar Hill Cemet	ery St	nitland, Man	ryland	
VR A15 W		FUNERAL DIRECTOR	DUDEV Path	DDRESS Marryland	2Sa. REC'D BY REGIS		SIGNATURE	
30M REV 1/68	K	DBERT A. PUM	raker, bethe	sda, Maryland	111 - P 1	968 Schools	Judge	

	MARYLAND STATE DEPARTMENT OF HEALTH									
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
HEALTH DEPT.	1 DECEASED NAME First Mode Lost 20 DATE KNOWN Month Day Year 2b HOUR (Type or Print)									
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delay and 3 M3 Post tment	3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (IN YHOUS IN WHORE I YEAR IN JHOSER 24 HRS 2c DATE PRONQUINCED DEAD 2d HOUR									
y del and pm3	1 1885 Par birmody) MONTHS DAYS HOURS MAN MONTH Day Year 198 55 23 M									
2, 2, Pp	70 BIRTHPLACE (Stote or foreign   76 CMIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH									
- E - S	unity) D I a a a a C ()									
th ges i fo	10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospida   12a USUAL OCCUPATION (K not Gwark dane   12b KIND OF BUSINESS OR									
INER: This certificate should be executed within 24 hours after death any delate a certificate, writing the ward "pending in pencil in Item 18. Give Pages 1, 2, and should be farwarded to the Chief Medical Examiner's Office along with form PM3 if files.  3 should be used as a burial-transit permit. File pages land with the State Departmentian, or remayal, and in any event within 72 hours after death	dur na most of working (fe, even if retired.) INDUSTRY									
er c	13a USUAL RESIDENCE (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN 3d HASDE CITY LIMITS? 1.3e STREET AND NUMBER									
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	18. CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c))									
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NER: T certific hauld b lies. shauld shauld	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21d N.JRY OCCURRED 21e. PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. Ng. City or Town County State									
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EXAMINER: ute the certificate 4 shauld your files. Page 3 shauld, crematian, crematian, crematian,	WHILE NOT WHILE TOCTORY, OTTICE DUTIDING, etc.)									
bical EXAM lease execute the director. Page 4 etained for your DIRECTOR: Page	22a   certify that I taak charge of the remains described above, held an Autopsy Inspection ( Inquiry ), and in my apinion									
CAI CAI	death resulted fram: Natural causes , Accident , Suicide , Hamicide . Undetermined manner									
please a directan retained.										
el de de la	CHIEF MEDICAL EXAMINER   22b. DATE SIGNED									
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F	REMOVAL (Spenty)									
	24 FUNERAL DIRECTOR  ADDRESS SIGNATURE  250 RECUBER REGISTRAR 25b. REGISTRAR SIGNATURE									
VR A15ME (5)	401/7/4									
10M REV 1/68	GOLDBERG FUHERAL HOME CT. 14. W. DATE JUN 18 1968 Milliantes Judge.									



-				U STATE DEPARTMENT C		
(M)				SION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH		
	1 0	ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
interd ond		ype or print) Jennie	Elizabeth	Viancour	6/ June	Py 1588 102 M
	3 SE	x female	4 RACE Cau	S DATE OF BIRTH 3/1/90	6 AGE (In years last birthday) 78	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	7o l	HOLT, Mich	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED K		ry Md.
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ind core	14. [	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NA		
e be	160	David WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECURITY	NO. 117. INFORMANT	Lydia	Potter
certificate g physician (hen pleas moval, and		es, na, or unknawn) (If yes give work			ice,4615 Edgefi	•
the death the death rsit permit. mation, ar re		IB. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)	1 000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE	CAUSE (a)		=57	30 min
		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	SCLEROTIC /	HEART Dise	ase MONTHS
		rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
quire physigne signe suria		- 1 / /	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E ORCONDITION GIVEN IN PART I(o)	<del></del>
ling fre ling	8	DIABETE	S MELLIT		Y	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, creased and the state Dept. of Health prior to burial, creased and the state Dept. of Health prior to burial, creased and the state Dept. of Health prior to burial, creased and the state Dept. of Health prior to burial, creased and the state Dept.	CERTIFICATION		INDITION FOR WHICH OPERATION WAS P	YES N	O CAUSES OF DEATH?	IGS CONSIDERED IN CERTIFYING
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING  ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH [If either, notify medical examiner	HOUR A.M. Month Day Year P.M.	9	(Enter nature of injury in Part I ar Par	rt 2, Item 18.)
	ME	21d. INJURY OCCURRED 21e. PL While Nat while at wark at work	ACE OF INJURY ( AT HOME, FARM, STREET, FA	CTORY, 21f. LOCATION Street or R.F.	D. Na. City or Town	County State
by the desired State	ı	22a. I certify that (I) (this	haspital) attended the deceas	ed from nay 20+2,	1965, to Time 7, apinian death accurred an the	19 <u>67</u> , that (I) (we) last
TEND ined look: Al		causes stated abave,	(I) (we) (did) (did-not) view the	bady after death.		
OR A. De retro		22b. SIGNATURE	d Hou	MD DEGREE PHYS	MED. STAFF PHYS.	22c. DATE SIGNED
PITAL may t ERAL D		22d. PHYSICIAN'S NAME (Type) RICHA	RD H. POLLE	22e ADDRESS	CONNECTICUT AV	KENGNGRON Md
O HOSPITAL OR ATTENION Page 4 may be retained o FUNEAL DIRECTOR: A director, page 3 should should be filed with the	230.	BURIAL, CREMATION, 235 DA	12-68 23c. NAME OF Deer	CEMETERY OR CREMATORY  Dale Cemeter	y Lansing,	Mich (State)
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR	MUDDOLL 75 37	MISCONSIL' AVE 250. RI	JUN 1 3 1968 REGISTIAN	RAR'S SIGNATURE Judge
	-		V 7 8 1	118 4 11 A)(11)	<u> </u>	



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 26 HOUR TO (Type or pant) Month 6. AGE (In years lost birthday) 3. SEX 4. RACE S. DATE OF BIRTH IE UNDER I YEAR IE UNDER 24 HRS. the MONTHS DAYS HOLKS UNE far use as the burial-transit permit. Then please remave carban papers. Pa Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED [ ] NEVER MARRIED [ country) = WIDOWED 💢 DIVORCED [ TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within give street oddress) POTOMAC VALLEY during most of working ife, even if retired INDUSTRY DCKUILLE 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY MONT. HOMELLOOP KENSINGTER 2/00 14. FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Middle CONNOLLY physician nen please 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Same as Item 13. (It yes give war or dates of service) Yes no or unknown) Trossevin Mrs. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter on y one couse per une for (a), (b), and (c) ) BETWEEN ONSET, AND DEATH PART I DEATH WAS CAUSED BY Actour Car Elleria IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY DR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Year airectar, page 3 should be detached should be fried with the State Dept. of (If either, notify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 220. Leertify that (1) (this hospital) attended the deceased from 1 = 100 19\_6 X, to retained by saw the deceased alive on the state 1955 and that couses stated above (II) (we)(Id a) (did nat) view the body after death \_19 \_\_ and that in (my Nour) opinion death accurred on the date and hour and from the 22b SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE D RECTOR PHYS. PHYS 22e. ADDRESS 5201 Randolph Road 22d. PHYS CIAN'S NOONE PAUL NAME (Type) Rockville Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23b. DATE 230 BURIAL, CREMAT ON, (County) (State) Cem. 6-11-68 Virginia Arlington Natl Arlington. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4, 1968 Charlen 30M REV 1/68



	1	MARITARD STATE DEFARIMENT OF HEALTH	
•		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	
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death.	l '	Trodried Lerry Uniat June 1968 80	-M-
	3. 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIRS	
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S # 5		11ac White 72/1/07 64 185.	
8		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	10. (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR	
withi bar with		give street address) during most of working life, even if retired) INDUSTRY	
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ate bi	160	WAS DECEASED EVER IN U.S. ARMED FORCES? [166. SOCIAL SECURITY NO. ] 17. INFORMANT Address Scene as about	_
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		210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	7
PHYSICIAN: e hospital or e hospital or estificate stacked far u Dept. af III al			J.
ご信道です	MEDICAL	(If either, not fy med cal examiner) P.M. 19	
PHYSICIA! e hospital his certifica stached fai	Σ		
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rENDING ned by th R. After t		22g   certify that (I) (this hospital) attended the deceased from 1958 to the 1	ter
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Led the	1	causes stated abave, (1) (we) (did) (did not) view the bady after death.	10
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OR ATTENE be retained bIRECTOR: A je 3 shauld		11 Ol STAFF DEGREE PHYS DIRECTOR DIRECTOR PHYS. DIRECTOR	
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		22d. PHYSICIAN'S 11	—
May AL	1	NAME (Type) William & KIPAY 8218 WISCONSIN AUE BETHESO.	A
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the hospity TO FUNERAL DIRECTOR: After this certify director, mage 3 should be detached should be filed with the State Dept. of	-		-2
FU FU	23a	BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	
5 5 5 2 V		Burian 6-4-68 Parklawn Cemetery Rockville, Maryland	
VRAIS AND		FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR COST REGISTRAR'S SIGNATURE	
30M REV. VO	K	OBERT A. PUMPHREY, Bethesda, Maryland DATE JUN 10 1968	
(1)	-		_



		- 1				201 W DECTON CIDE		01001
A Local Co.	(AA)			20809	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DI	•	21201 20014
lugion.				CEASED NAME (Pe or print)	Middle	Last	2a. DATE OF DEATH	Day Year 4/5
{	unerg and and er deam		3. SE	KAY	Keefer	S. DATE OF BIRTH	- Jun	U 29 1968 65MM
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2	by the drifter of the			220. I certify that (I) (this	s haspital) attended the deceasing on	ed fram Jan & 28	(our) opinion death occurred	24, 1968, that (I) (we) last on the date and have and from the
	retained ECTOR: A Should with the			causes stated above	(ve) (did) (did not) view the	bady after death.	(out) opinion death occurred	
	OR A be rethered by the second			226-SIGNATURE	( PALLETYOOLA	DEGREE PHYS	MED STAFF	DC - 29-CS
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	TO HOSPITAL Page 4 may TO FUNERAL I director, pag	62	23g	BUDIAL CREATERING 126 D	ATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City of	Town) (County) (State)
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1/1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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deoth.		CEASED-NAME First ype or print) Cathe:	Middle rine Marie WALSH	lost	2o. DATE	OF DEATH	1988	2b. HOUR 6:20A M
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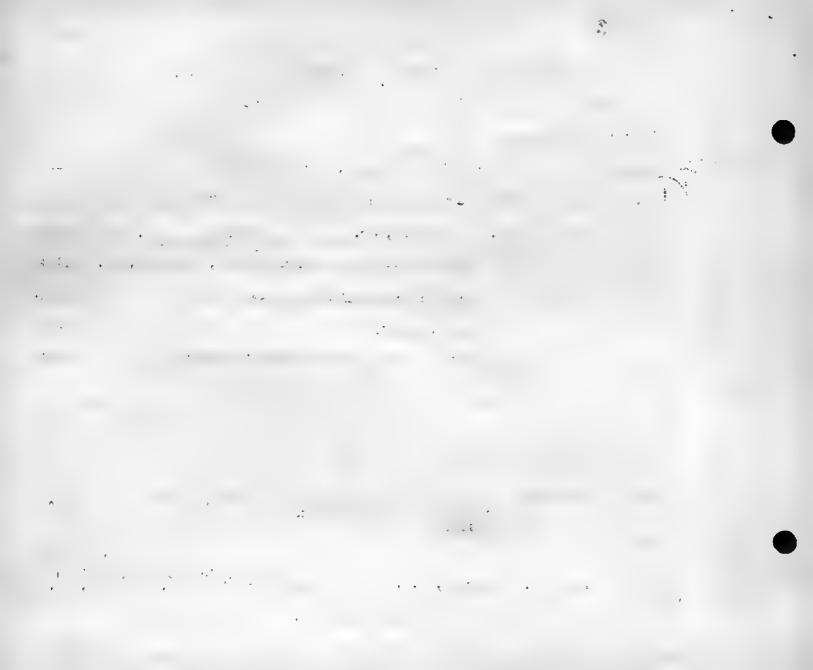
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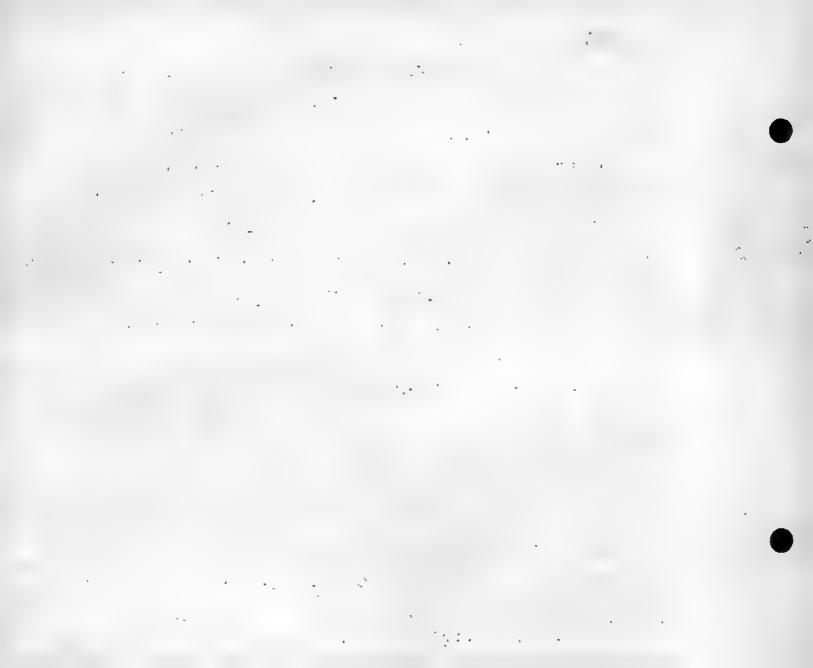


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 58818 CERTIFICATE OF DEATH 26 HOURAN Thed in by the funeral papers Pages I and 2 thin 72 hours after death. 1. DECEASED-NAME First M.ddle Last 20. DATE OF DEATH 24 haurs after death (Type or print) (NMN) Valerie Walton :09 M June 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 3 YEAR 6. AGE (In years last pathday) DAYS 27 October 1946 White Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED District of Columbia USA WIDOWED [ DIVORCED [7] Montgomery etery Tilled burial, crematian, ar remayal, and in any event, within IO CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR The Clinical Center, NIH during most of working life, even if retired.) INDUSTRY please remave carban Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER law requires that the death certificate be executed Montgomery NO T 7214 Maple Avenue Chevy Chase 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Lost H. Walton, Jr. R. Barbara Ramseyer Fred **16b. SOCIAL SECURITY NO** The Medical Recordedress 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no or unknown) (If yes give war or dates at service) 20014 Not available The Clinical Center, Bethesda, Md. APPROX MATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN DASET AND DEAT PART I, DEATH WAS CAUSED BY Cryptococcal meningitis & septicemia 5 months IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) 25 years Polyarteritis rise to immediate cause (o). polyarteritis DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 years Chronic renal insufficiency secondary to/ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 1 20a, AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? Yes YES PR NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 220. I certify that (1) (this hospital) attended the deceosed from March 14, 19, 68, to June 26, 19, 68, that (1) (we) last saw the deceased alive an June 26, 19, 68, and that in (1) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (we) (did) ( 1) view the body after deoth. 72b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. 26 June 1968 DEGREE DIRECTOR 22e. ADDRESS The Clinical Center, National PHYSICIAN'S NAME (Type) James T. Willerson, M.D. Institutes of Health, Bethesda, Md. 23d. LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d BURIAL CREMATION (County) (State) REMOVAL IS POSTLY 6-29-1968 Washington. D.C. Rock Crack Cemetery 2So. REC'D BY REGISTRAR 2Sb. VR A15 (4) 30M REV, 1/68 Joseph Gawler's Sons, Inc., 5130 Wisc. Ave.



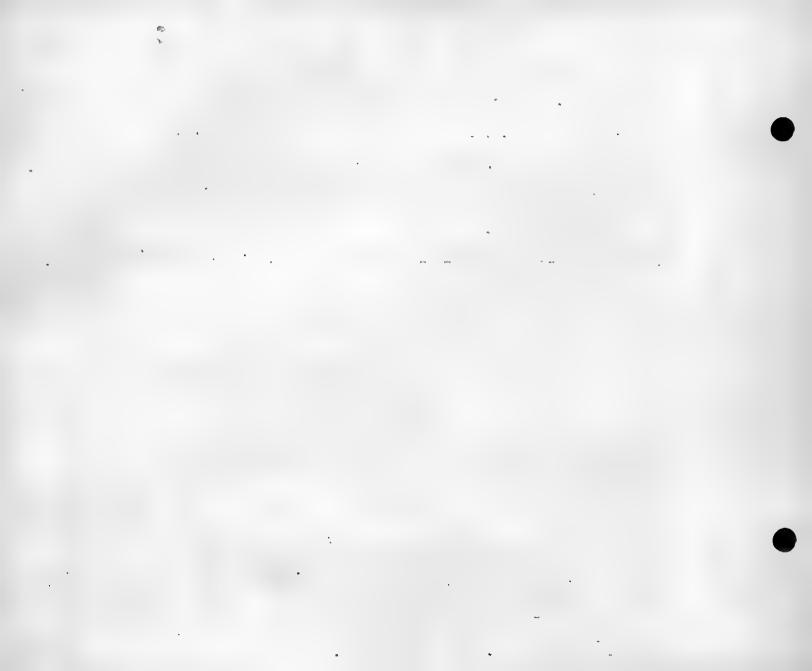


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15 4 15 15 15 15 15 15 15 15 15 15 15 15 15	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner)  P.M. 39
G PHYSICIAN: the hospitol or this certificate detoched for u	ME.	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 235 LOCATION Street or R.E.D. No. City or Town County State
PH e the phase of	ы	
OR ATTENDING be retained by th NRECTOR: Affer t e 3 should be de ed with the Stote	ш	220. I certify that (1) (this haspital) attended the deceased from May 24, 19 64, to 145 25, 1947, that (1) (we) lost
State of the state	H	220. I certify that (I) (this hospital) attended the deceased from 1945, 1966, to 1966, to 1967, that (I) (we) lost sow the deceased olive on 1967, and that in (my) (our) opinion dead occurred on the date and hour and from the
R: Ned		couses stoted glove, (I) (we) (did) (did not) view the body after death.
1 in 5 in		22b. SIGNATURE 230 DATE SIGNED
OR ATTENDIN be ratained by DIRECTOR: Affer ed 3 should be		ATTENDING FINED STAFF
	1	Jen W. ANNIMAN DEGREE PHYS DIRECTOR PHYS LI June 25, 1948
PITAL moy RAL (		22d. PHYSICIAN'S NAME (Type) 1-6 1 2 2. ADDRESS 22e. ADDRESS 4 50 1 4 50
SPI 4 n 4 n d b		MODELLAPED John David Herman 4801 Montgomeny La, B. Shewar, Ind
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a	BURIAL, CREMATION, 23b DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
0 5 0 ja 4	Be	REMOVAL SAPERTY 6/28/68 HOT SPRINGS CEM. HOT SPRINGS, N.C.
	Annual Property lies	FUNERAL DIRECTOR ADDRESS W.S. AVE. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV, 1/68		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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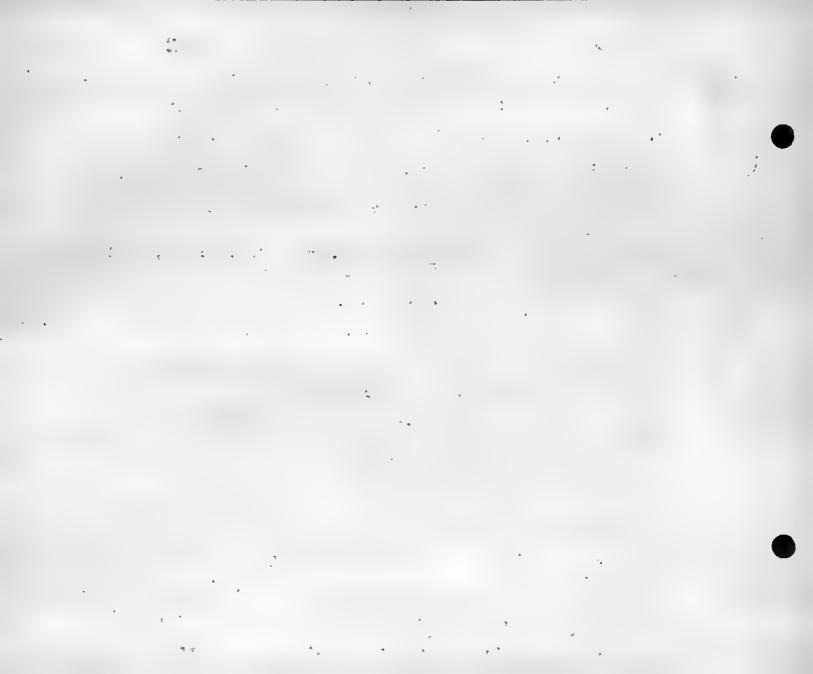
Charles Made State Control of the Co	D-24-00 mo Division of VIIAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Item2a, FilmGi Ol 6/21 MEDICAL EXAMINER'S CERTIFICATE OF DEATH CS 15	. K821
HEALTH DEPT.	DECEASED NAME First Middle Lost 20 DATE KNOWN TO	Month Day Year 25 HOUR
of the to	DEATH MATED	June 6 1958 N
delay ind 3 (3° Po	3 SEX 4 RACE S DATE OF BIRTH 6 AGE is years if JNDER 1 YEAR IF UNDER 24 MRS 20 DATE PRONOUNCED	DEAD 2d HOUR
	temale Cauco 100. 20, 1394 73 vrs June	Pay 6 Year 1968 PM
2 (E VE)	70 BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
6	" Monte   U.S.T. WIDOWED   MONTED   MONTED	Mo
with view Std	D CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of world and the property of working life even if re-	
D =	Olney General Hospital durage most of working life, even if re Countant General Hospital Hacountant Hospital Hocountant Hospital Hocountant Hospital Hocountant Hospital Hocountant Hospital Hos	
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~ ~	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	
	Granklin M. Watts. Ada	Wickham
pages		
	(Yes, no. or unknown) (If yes give wor or doires of service) 220-44-7029 Miss Edna Ethel Watts Silver	r Spring. Md.
Frle n 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
ansit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exsanguination Shock due to Massive	BETWEEN ONSET AND DEATH
per it w	1783   Due To, or as a consequence of	
transit permit. File pages y event within 72 haurs	Conditions, it ony, which gove ) At Transpill monary Hamonahage	
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or removol,	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
<u> </u>		YES NO
-	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or PRIMARY OR CONTRIBUTING HOUR A.M.	Port 2, Ifem 1B.)
1011	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d NJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	f.,
cremation,	Write mor write foctory, office building, etc.)	County Stote
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CTOR: burnol,		uiry and in my opinion
DIRECTOR: Page or to burial, crem		ranner []
prior 1	ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL ACT	2b. DATE SIGNED
	SIGNATURE & COMMITTEE TO STATE	1010
FUNERAL Polth prio	NAME (Type) Belden R. Reap. M. D. ADDESSIBLE CONTROL OF COUNTY)	NE 6.1168
TO FUNE Health	230 BURIAL CREMATION. 235 DATE 23c NAME OF CEMETERY OR CREMATORY 23H LOCATION (City of Town	n) (County) (State)
B	Burial 6-10-68 Parklawn Cemetery Rockville.	
8/2	24 FUNERAL PARECTOR A LITTLE ADDRESS 250 RECD BY REG SUPARALLY 250 REG	STRARS SIGNATURE
5ME (5) 1 3 EV. 1768	Jarner E. Pumphrey Inc. Silver Spring. Md. DATE JUN 12 1968	0 0

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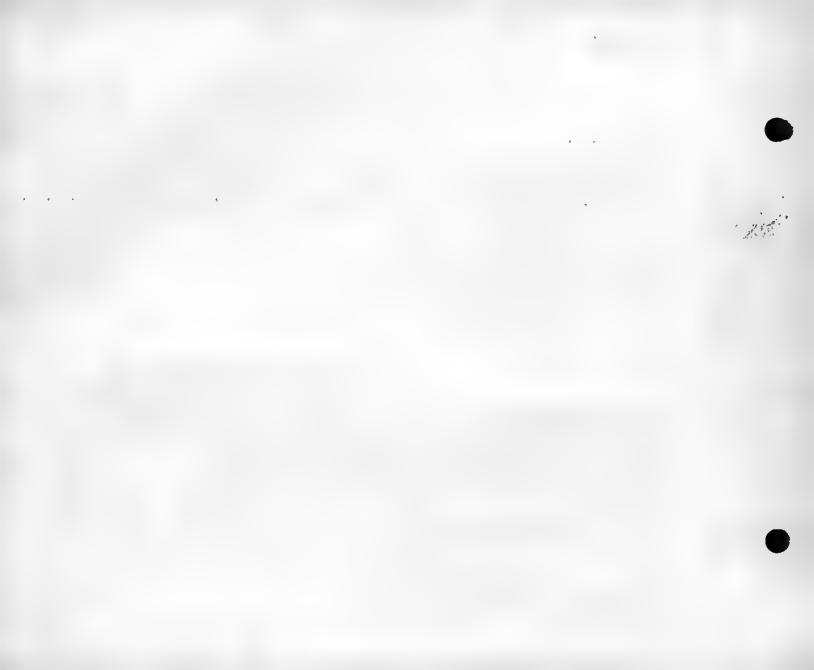


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MARYLAND STATE DEPARTMENT OF HEALTH tem#1, 8, &12a Film of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME First Last 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or pant) enwood Month Doy Year Bernard Welch 3 SEX 5 DATE OF BIRTH 6 AGE (In years D IF UNDER I YEAR IF UNDER 24 HRS. 4. RACE last birthday) Ma1e White April 1917 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. America DIVORCEDXIXIX Montgomery WIDOWED Z 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital . 20. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY Takoma Park Sanitarium corbon and in any event, wit 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? odm ssion) STATE Maryland pleose remove 6809 Rigge 14 FATHER'S NAME Forst Middle IS. MOTHER'S MAIDEN NAME First Jesse Welch Nellie Kidwell physician 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO MANGRAMIVELYN Tibbs-Adelphi Addreryland (Sister) (If yes give war or dates of service) Yes, no. or unknown) 577-09-5048 burial, cremation, or removal, APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH signed by the attendir burial-tronsit permit. IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. P.M. (If either, notify medical exominer) (AT HOME FARM, STREET, FACTORY.) 214 LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Mat while at work 22a. I certify that (1) (this haspital) attended the deceased fram Country 9, 1964, ta here, 1964, that (1) (we) last saw the deceased alive an 1964, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did ) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS 110 COHEN NAME (Type) 23d. LOCATION (City or Town). (County) Oakton, Virginia 23c NAME OF CEMETERY OR CREMATORY Flint Hill Cemetery 23c. BURIAL, CREMAT ON 23b DATE (State) June 21,1968 TO-REMOVALY(Specify) 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR 5 SIGNATURE VR A35 (4) Warner E. Pumphrey Inc. 2434 Ga. Ave. 30M REV, 1/68

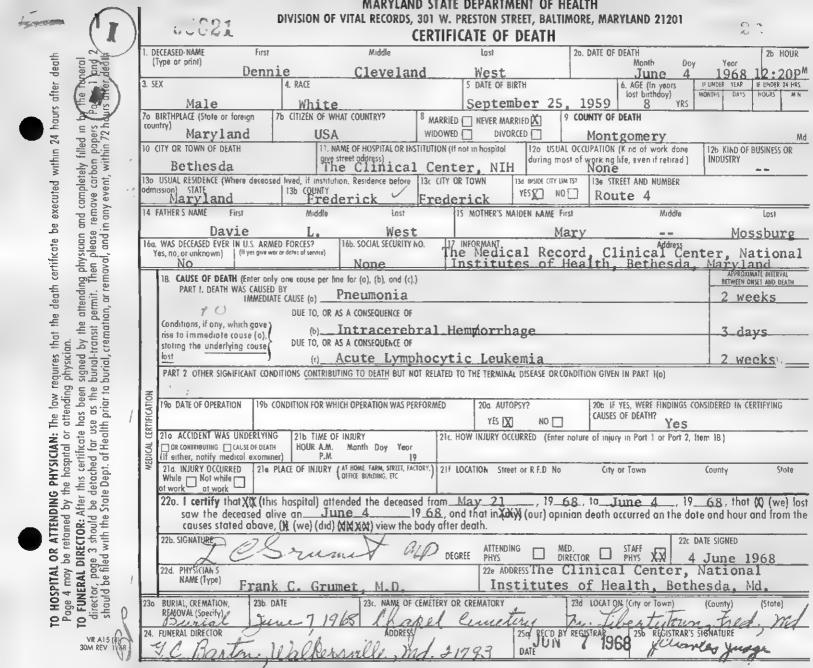


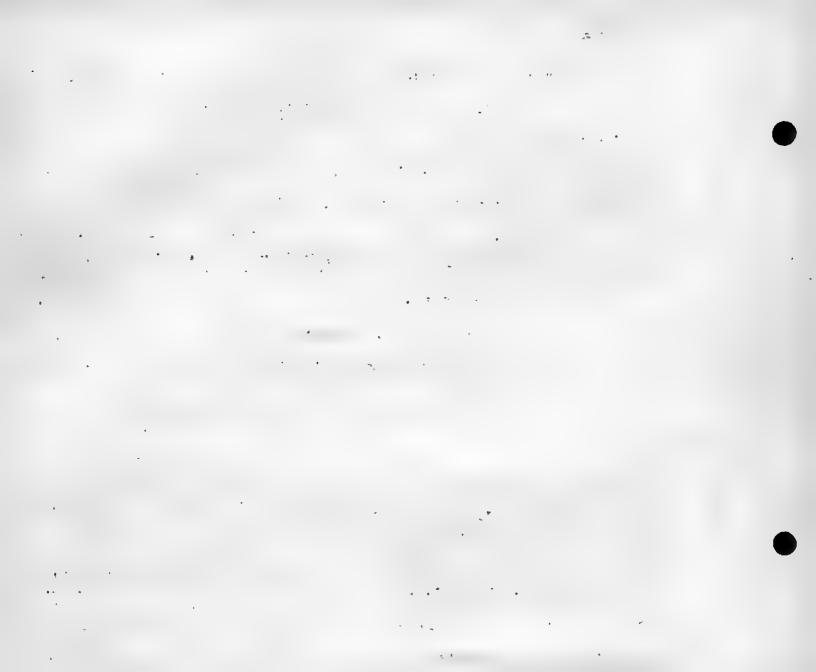
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	within 24 haurs after deathery filled in by the funeral ban papers. Pages I and within 72 haurs after deathery.	f		ity or town of DE/ Wheaton	ATH	dive 4	AME OF HOSPITAL OR II itreet oddress) iversity	,	,	dur ng most o	CUPATION ( f warking li EIC	Kind of work done fe, even if retired.)	12b KIND OF INDUSTRY	BUSINESS OR
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	physician, as			WAS DECEASED EVER es; ng. or unknown) NO		or dates of service)	166 SOCIAL SECURITY	rnu   17	NFORMANT			Address		
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	attendi permit. ian, ar r			1027			S A CONSEQUENCE O	F 0 /	7	0	0.			
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	rres ysici med rial-			last.		(c)								
	requestion of photos			PART 2. OTHER SIGN	HF1CANT COND	ITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	O THE TERMINA	L DISEASE OR CONDI	TION GIVEN	IN PART I(a)		
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	The atte	Y	CERTIFICAT						YES	NO 🗍	CAUSES (	OF DEATH?		
	N: ar ar are are are are are are are are a	Λ		21a ACCIDENT WAS					OW INJURY OCC	CURRED (Enter nate	are of injury	in Part 1 or Part 2, I	em 18)	
	d for of H		DICAL	OR CONTRIBUTING [		HOUR A.M. P.M.	Manth Day Yea	19						
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, old carbolately filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please embive cofban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar remayal; and in day execut, within 72 haurs after death		WED	21d INJURY OCCURI While Not while of work of work	2ED   21e P		( AT HOME, FARM, STREET, F OFFICE BUILDING, ETC	ACTORY.) 21F LO	OCATION Street	et or R.F.D. Na	City o	r Town	County	Stote
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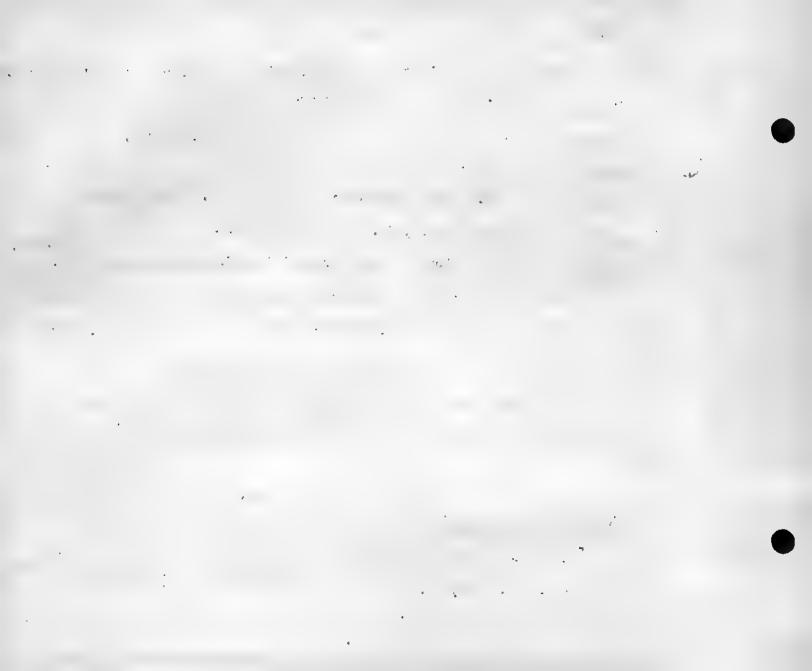
DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, BALTHMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  TOTAL PRODUCT OF THE CONTROL OF THE CONTRO	الميارا		DIVISION			AKTMENT OF HEALT IN STREET, BALTIMORE,			r.
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AT WORK   NOT WHILE   NOT WHILE   AT WORK	cert cert cert coulc les shou shou	DICA	CAUSE OF DEATH	P M	19				
22a. I certify that took charge of the remoins described obove, held an Autopsy   Inspection   Inquiry   ond in my ap nor death resulted from Natural causes   Accident  , Suicide  , Hornicide  , Undetermined manner    ACTUAL SIGNATURE   22b DATE SIGNED    SIGNATURE   SIGNATURE   22b DATE SIGNED    DEPLIPY MEDICAL EXAMINER   22b DATE SIGNED    DEPLIPY MEDICAL EXAMINER   22b DATE SIGNED    230 BUR ALL, (REMATION, REMOVAL (Specify)   23c NAME OF CEMELERY OR CREMATORY   23d LOCATION (Cty or Town) (Caunty) (Stote)    Burial   24 FUNERAL DIRECTOR   ADDRESS   25c NECO BY REGISTRAR   25b REGISTRAR   25b REGISTRAR   25b REGISTRAR   25b REGISTRAR   25b REGISTRAR   25b REGISTRAR   25c NAME OF CEMELERY OR CREMATORY   25c NECO BY REGISTRAR   25b REGISTRAR   25c NAME OF CEMELERY OR CREMATORY   25c NECO BY REGISTRAR   25b REGISTRAR   25c NAME OF CEMELERY OR CREMATORY   25c NECO BY REGISTRAR   25c NAME OF CEMELERY OR CREMATORY   25c	<b>新</b> 电 4 产 9 页	¥		ACE OF PAJURY (At home ary, affice building, etc.)	e, form, street,	21f LOCATION Street of R.F.D. N	a City or Town		Caunty State
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Joseph Gawler's Sons, 5130Wis.Ave, Wash., D.C. DANIN 24 1988 Clients Judge.	VR ATSME (S)	J	oseph Gawler's	Sons. 5130			0 / 1000 /	Clark	Judge.







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 26. DATE OF GEATH 2b. HOUR (Type or print) Month Yeor Wiley, III John Albert June 4 RACE 3 SEX S. DATE OF BIRTH IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours after 6 AGE (In years last birthagy) HOURS DAYS White January 30, 1968 Male signed by the ottending physicion ond completely filled in by burial-transit permit. Then please remove carbon papers. Pburial, cremation, or removol, and in any event, within 72 hou 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED [ NEVER MARRIED [X] country) WIDOWED [ DIVORCED [ USA Naryland Montgomery, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR q ve street oddress) during most of working life, even if retired.) INDUSTRY Clinical Center, NIH Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY Allegany admission) STATE YES NO [ 317 Grand Avenue Cumber land Mary Land 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Roach Wiley, Jr. Gloria Albert John 16b. SOCIAL SECURITY NO Bethesda. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknawn) No (If yes give war ar dates of service) The Medical Record, Clinical Center, Md. None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bilateral interstitial pneumonia 5 days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) (b) Acute lymphocytic leukemia 2 months rise ta immediate couse (o), OUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to FUNERAL DIRECTOR: After this certificate has been O HOSPITAL OR ATTENDING PHYSICIAN: The law 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES K Yes NO [ 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notity medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 220. I certify that NX(this hospital) attended the deceased from April 2 , 19.68 , to June 4 , 19.68, that (%) (we) lost saw the deceased alive on June 4 , 1968 , and that in NXX(our) opinion death occurred on the date and hour and from the causes stated above, XIX (see) (did) (XIXXX) view the body after death. 22b. SIGNATUR 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. XX June 4, 1968 e ADDRESS Clinical Center, National Institut of Health, Bethesda, Maryland 22d. PHYSICIAN'S NAME (Type) Robert G. Graw .\_MD 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BEMOYAL (Sporify) Restlawn Memorial Park Cumberland, Allegany, Md. 2Sa REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE Scarpelli, Cumberland, Md. 30M REV.



		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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e death certificate b attending physician permit. Then please an, ar removal, and i	⊨	APPROXIMATE INTERVAL
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OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		Monda L / peorls MD DEGREE PHYS DIRECTOR D STAFF D 6/10/68
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Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta		NAME (Type) Donald R. Lewis, M.D. 700 Cloverly St., Silver Spring, Nd.
HOS UNI	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote)
O Page	R	emoval Specific Purial 6-12-1968 Greenwood Cemetery, York, Nebraska
VR AT5 [4]		FUNERA DIRECTOR 256 REGISTRAR 256 REGISTRAR 256 REGISTRAR 3 SIGNATURE
30M REV. 1/68	17	extreme Line Wall D. C DATE JUN 14 1968 pliante jungon



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Lost Middle 20. DATE OF DEATH 2b HOUR death. requires that the death certificate be executed within 24 haum after death funeral and (Type or print) Month Dov SpurrierWillcox Yeor Catharine 1968 June 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF LINDER YEAR IE HNDER 24 HRS lost birthdoy) MONTHS DAYS HOURS Aug. 19. 1899 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or fareign 8. MARRIED [ NEVER MARRIED] country) Md. Montgomery USA WIDOWED [ DIVORCED ( 1D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress sician and campletely filli please remave carban po INDUSTRY Home during most of working life, even if retired.) 226 burial, crematian, ar remaval, and ın any event, wit Gaithersburg RIL CULTOR TOWN 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Mary land 13b. COUNTY MONTGOMERY NO [ Gai thersbu 14 FATHERS NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Lost Frances Griffith Harry G. Sourrier physician 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no. or unknown) attending phys Rt. #2 Gaithersburg Mr. Vestus J. Willcox MAMPROXIMATE INTERVA. BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY permit. 241 IMMEDIATE CAUSE (o) DUE TO, OPERS ANCONSEQUENCE O signed by the burial-transit p Conditions, if any which gove t rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta l has been as the 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO TO Health Page 4 may be retained by the haspital ar certificate 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INSURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) ă OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year ď. P.M (If either, notify medical examiner) detached directar, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work TO FUNERAL DIRECTOR: After 22a I certify that (I) (this haspital) attended the deceased fram 1. 1962, and that in (my) (por) apinian death accurred on the date and have and from the saw the deceased alive an. 3 should causes stated abave, (1) (इस्ट्री (did) खिल्डित्स view the bady after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED, DIRECTOR STAFF PHYS. June 3, 1968 DEGREE PHYS. PHYSICIAN S 22a. ADDRESS NAME (Type) James Kerr Damascus, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL CREMATION (County) (State) BULL Specify 6-4-68 Arlington Natil Cemetery Arlington, Virginia 25p. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 5 Laytonsville. Md. DATE JUN Francis H. Barber 30M REV, 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH



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SPI 4 n db		NAME (Type)	NETH CRUZ	F. 831-1mu	exity Hed. B.	II. Ml.
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MARYLAND STATE DEPARTMENT OF HEALTH





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TO HOSPITAL OR ATTENE Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	23a	BURIAL, CREMATION, 23 REMOVAL (Specify)	DATE 23c NAME OF Chest	cemetery or crematory cut Grove Cem.	23d. LOCATION (City or Town) erndon, Virgi	(County) (State) nia
VR A15 (4) 30M REV 1/68		FUNERAL DIRECTOR	ADDRESS APHREY, Bethesda		REGISTRAR 1968 REGISTRAPS SI	IGNATURE Judge
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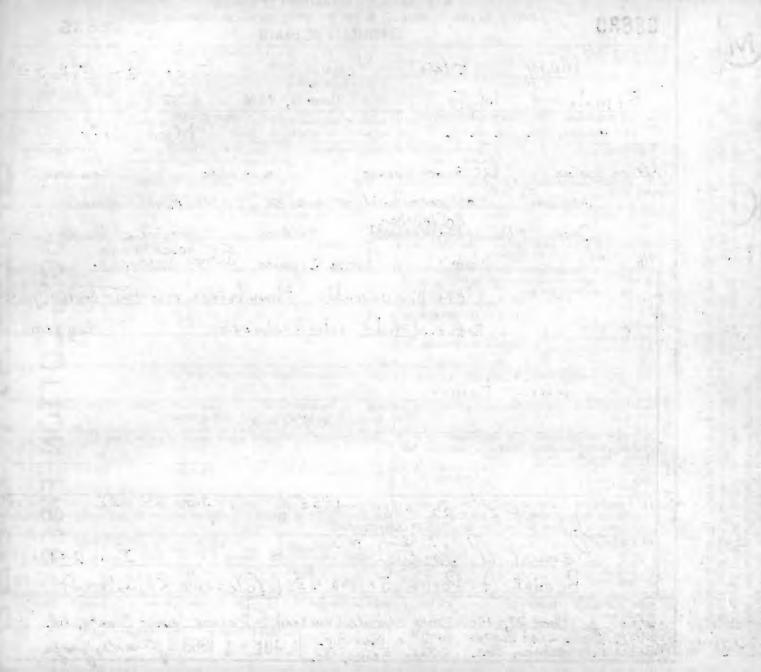


	R.			STATE DEPARTMENT OF H				
1/4			OF VITAL RECORDS, 30	)) W. PRESTON STREET, BALTI	MORE, MARYLAND 21201			
1		CERTIFICATE OF DEATH						
= - F		ECEASED-NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR		
deoth deoth	1	Type or print) Benton	H.	witt	June Month 2 2 Day/	968 ear 8 A M		
b ( B/ B)	3 S			5. DATE OF BIRTH	6. AGE (In years	F UNDER 1 YEAR   IF UNDER 24 HRS.		
E 2 2 2	L		white	May 26, 1	200 lost birthday) YRS.	ONTHS DAYS HOURS M'N		
hours s. Po hours	70 cou	test.	OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 COUNTY OF DEATH			
illed ir jabers	14			WIDOWED DIVORCED D	Montgome	Md.		
hin 24 filled r pape ithin 72	1 /	<b>9</b> / ·	11 NAME OF HOSPITAL OR INSTIT	UTION (If not in hospital 120 USUA	L OCCUPATION (Kind of work dane (ast of working life, even if retired )	125 KIND OF BUSINESS OR INDUSTRY		
ed with bletely t carban ent, wit		abin John	A.A. 0	704	ek Driver			
	odm	USUAL RESIDENCE (Where deceased lived, if in inssion) STATE 13b (OU)	Moulgoning (	Cabu John 13d INSIDE CITY LI	$0 \square 66298/$	st St.		
one was an any even in any ev	14.	FATHER'S NAME First Mid	4 /	IS. MOTHER'S MAIDEN NAME F	irst Middle	Last		
are be	L	Thomas	Witt					
equires that the death certificate physician. I signed by the attending physicial burial-transit permit. Then pleas burial, cremotion, or removal, an	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (11 yes give war or dates of servi	166 SOCIAL SECURITY NO.	17 INFORMANT	Address			
ertif phy ten ova	-		578-01-85	13 Wige	Survey	APPROXIMATE INTERVAL		
e E E	П	IB. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:	per ine for (a), (b), and (c).)	4 /		BETWEEN ONSET AND DEATH		
deol tend mit, or	П	IMMEDIATE CAUSE (o)	arema		-	3 muche		
the at per	П	Canditrons, if any, which gave)	OR AS A CONSEQUENCE OF	af prosta	te	3 41111		
tot the nsit		rise to immediate couse (a), (b)	OR AS A CONSEQUENCE OF	The state of the s		Jyma		
The low requires th attending physician has been signed by se os the burial-tra h prior to burial, cre		stating the underlying cause (c)	OK AS A CONSEQUENCE OF					
puire hysi gne uria uria	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	1		
req Dig b sin sin to b	_	1.7x (Irinaly	intection		, ,			
	CERTIFICATION	19a. DATE OF OPERATION 19b. MIDITION FO	R WHICH OPERATION WAS PERFO	RMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS COM	ISIDERED IN CERTIFYING		
The atternation by the second the proof of t	ΙĔ			YES NO TE	CAUSES OF DEATH?			
I or unte			ME OF INJURY	21c HOW INJURY OCCURRED (Enter	r noture of injury in Port 1 or Part 2, Ite	m 18.)		
HYSICIAI hospital s certifica oched fo	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH (If either not fy medical examiner)	P.M 19					
SING PHYSICIAN: by the hospital or ffer this certificate be detoched for u State Dept of Heal	2	21d. INJURY OCCURRED 21e. PLACE OF INJ	URY (AT HOME, FARM, STREET FACTOR OFFICE BUILDING, FTC.	2) 21E. LOCATION Street or R.F.D. No.	City or Town	County State		
VG Pl		of work of work (1) (this hospital)	attended the decorred	Fram 1 6 1 1 1 2 6 10 1	1 to 44Me - 21 10 6	that (1) (was fast		
ATTENDING stoined by the CTOR: After the should be don't the State	П	22a. I certify that (I) (this hospitel) saw the deceased alive an	ine 2/ 19	6 8, and that in (my) (our) apr	nian death accurred an the date	and haur and fram the		
OR: De la contraction de la co	ı	causes stated above, (i) (we) (	did) ( <del>did not</del> ) view the ba	dy after death.				
OR ATTENI OR ATTENI be retoined JIRECTOR: A e 3 should ed with the		22b SIGNATURE	milli	DEGREE PHYS.	NED STAFF 224. DA	TE SIGNED 22. 1968		
NI O		22d. PHYSICIAN'S	Ji au	22e. ADDRESS	IKECTOK - PRIS PO	Al Bethesda		
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detoched for us shaud be filed with the State Dept of Health		NAME (Type) 4/len J.	O'Neil/	MD. 860/0/d	Georgetown	ed, mi		
He High	23 a	BURIAL, CREMATION, 23b DATE		METERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)		
5 5 5 3		3REMOVAL (Specify) 6/25/38	Pankl	de brem e		yl hid		
VR A15 (4) 30M REV 1/68	24	Tyson wheeler Funer	11 Home 1 1	Nock. Dike DATEJUN	y registrar 25b. registrar's si	las Judge		



	1			ND STATE DEPARTMENT OF I		
and the same of th		2220	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	3. 2
$(I \vee I)$	L.,	00063		CERTIFICATE OF DEATH		2 4
<b>€ ₹ € €</b>		CEASED NAME First ype or print)	Midd e	lost	2a. DATE OF DEATH  Month Dov	Year 2b. HOUR
8 1 ja 5 ja	3 5	1001	4 RACE	Gat te	June 6	IF UNDER 1 YEAR   F UNDER 24 HRS
the coges Irs after	3 31	^ =/a	4 KACE	S. DATE OF BIRTH	last birthday) M	AONTHS DAYS HOURS MIN.
	70	BIRTHPLACE (State or foreign	7b. CIT.ZEN OF WHAT COUNTRY?	18 wants = 17/13 / 78	9. COUNTY OF DEATH,	
24 hours din by pers. Po	cou		y. S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomer	-U M
	10 (	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR give street address)	duringem	ALOCCUPATION (Kind of work dane ust of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
low requires that the deoth certificate be executed within nding physicion.  Been signed by the attending physician ond completely fills the buriol-transit permit. Then please remove carbon point to buriol, cremotion, or removol, and in any event, within	13a adm	USUAL RESIDENCE (Where deceos	ed lived, if institution: Residence befor	e 13c CITY OR TOWN 13d INSIDE CITY I		Jac Roal
ond co	14	ATHERS NAME First	Middle Last	IS. MOTHER STANDEN NAME I	First Middle	last
be ex ond e rem in an	1	, NKIYOWIT		WHKNOW	N	8434
ertificate be physician c ien please ovol, ond ir			MED FORCES? 16b. SOCIAL SECURIT		Address	
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re deoth certifi attending phy permit. Then ion, or removo		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane cause per line far (a), (b) and (	().)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he deoth : attendir permit. ion, or re		IMMEDI	ATE CAUSE (a)	Urimbasis		24 Krs
that the don.  by the att fransit per		/ ≠	DUE TO, OR AS A CONSEQUENCE O	F	Tercorcleros	1.1
that th on. by the ransit p		Conditions, if any, which gove rise to immediate cause (o), (	(b) COSEC 1242		arioriling	Unibnown
physicion. physicion. signed by the buriol-transit buriol, cremoi		stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE C	Jł		
equires   physicio signed   buriol-tr				NOT RELATED TO THE TERMINAL DISEASE ORG	CONDITION GIVEN IN PART 1(a)	
The low requires the attending physicion. has been signed by se as the buriol-train harior to buriol, cre	_	Hypertaining o	esterioxlavati hu	nt disease.		
IAN: The low related or attending of frate has been so free the far use as the fearth prior to be the fearth prior to be the the fearth prior to be the the fearth prior to be the fearth prior to be the the the the the the the the the th	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS COM	ISIDERED IN CERTIFYING
	I E			YES NO Z		
YSICIAN: The ospital or at certificate ho certificate how the far use the far		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	IG 216 TIME OF INJURY H HOUR A.M Month Day Yes	21c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port 2, Ite	m 18.)
SICI splite ed led led led led led led led led led l	MEDICAL	(If either, notify medical exomi-	ner) P.M.	19		
this this detoo		While Nat while at wark		FACTORY.) 21f LOCATION Street or R.F.D. No		County State
ATTENDING retained by the ECTOR: After should be with the Stot		22a. I certify that (1) (#h saw the deceased a	ie hospital) attended the deced live an Scare	sed from , 195 1961, and that in (my) (sur) ap	3 , to June 6 , 196	rdf, that (I) (we) las
OR: 4	ı	causes stated above	e, (I) (we) (did) (did nat) view th	e bady after death.	inian dea <b>g</b> h accurred an the date	ana naur ana tram tne
ECTO S showith	ı	22b. SIGNATURE	11-1		MED. STAFF 22c. DA	ATE SIGNED
AL OR IV be	ı	Claren	H. Marin	LUD DEGREE PHYS	DIRECTOR PHYS W	me 6, 1168
TO HOSPITAL OI Poge 4 may be O FUNERAL DIR director, poge should be filed		22d. PHYSICIANS NAME (Type) AAR	ON H. TEAG	SMMD. 220. ADDRESS ( 87-37 (	Teorgia Give Si	luer Spring his
HO:	23a	BURIAL, CREMATION, 23b.	C G/O -	F CEMETERY OR CREMATORY	23d. LOSATION (City or Town)	(County) (Cale)
5 5 5 5 4 v	12	REMOVAL (Specify) 6-		HOLOM IALMUDICE	THE CONTRACT OF PROPERTY OF	CHATURE
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR	ADDRE	DATE JU	BY REGISTRAR 256 REGISTRAR'S SI	May Judge
		Jacob Col Col	mi 10,10 - ( ove 5 11,	DAIL	1. 1 1 1 1	1 0

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11	. 1	9	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH									
21		53	1 00	erveen value	Share of the	64° I II	CLNIII			DATE OF DESTRIC		Lavana
	death.	22		(EASED-NAME First pe or print) MARC	PRET	- Middle - Aカン		Lost	20	DATE OF DEATH Month Doy	1alos.	7-2574 M
	2 /2 /2		3. SE	( )	14. RACE			S. DATE OF BIR	TH	6. AGE (in years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the hospital or attending physicion. This certificate has been signed by the ottending physician completely filled in by the function his certificate has been signed by the ottending physician completely filled in by the function for use as the burial-transit permit. Then please remove carbon papers, Prand 3 beat, of Health prior to burial, cremation, or removal, and the arty event, within 72 hours after death			Fomale	wi	rite		2-7-	1879	lost-birthday) YRS.	MONTHS DAYS	HOURS MIN.
	8 6 6			IRTHPLACE (Stote or foreign	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARR	9. CO	UNTY OF DEATH		
	1 in		coun	Ill.	USA		WIDOWE			ontgomery		Md.
	filled pope thin 7		10. C	TY OR TOWN OF DEATH	11.	NAME OF HOSPITAL OR	INSTITUTION (I	f nat in hospital	120. USUAL OCC	UPATION (Kind of work done	12b. KIND OF B	JSINESS OR
	executed within 24 I	20		Bethesda				th Ave.		warking life even if retired.)	Home	}
	ecuted wit completely ove carbon y event, w	15		USUAL RESIDENCE (Where deceosision) STATE	ed lived, if instit	ution: Residence befor			YES NO NO	13e. STREET AND NUMBER Same # 11		
	× 2 2 2	1	14 E	ATHER'S NAME First	Middle	Lost	200	15. MOTHER'S MAI		Middle		Last
	idan ere ce	1	(%, F	John	C.	Freen	an.		abeth	Wiggle	Ru	iffner
	sigan and see		160. Ye	WAS DECEASED EVER IN U.S. ARA	NED FORCES?	16b. SOCIAL SECURIT		INFORMANT		Address		
,	ohy su p			No no	and the same of th	579-28-	1879 R	ynomic	M. Zink	Same # 11		
	he death certificate ottending physicic permit. Then per- ion, or removal, ar			18. CAUSE OF DEATH (Enter on	y one couse per	tine far (a), (b), and (	c).)			1	BETWEEN ONS	ATE INTERVAL SET AND DEATH
	he death ottendii permit.			PART 1. DEATH WAS CAUSE IMMEDIA	) BY: ITE CAUSE (o)	Cesely	-all	ascul	wi a	crident	Sala	den
	otte otte on,			4369	DUE TO, OR	AS A CONSEQUENCE O	)F		1			
	the the sit p	3.1		Canditians, if any, which gave	(b)	apter	xos	clinos	in Cesel	mal Vascul	AN	
	tho on. by rons			rise to immediate cause (a), stating the underlying couse	DUE TO, OR	AS A CONSEQUENCE C	F	-				
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	equires that it physicion. signed by the burial-transit burial, cremai			PART 2. OTHER SIGNIFICANT COI	IDITIONS CONTRIE	BUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(0)	_	
	low rending been s the ior to l		20	331X Senie	1	Done	valu	ied a	ster	isscleno	zis-	
	lov endi	ń	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR W	VHICH OPERATION WAS	PERFORMED	20a. AUTOP	SY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CER	TIFYING
	The offer has se os	4	TIFIC					YES 🔲	No 🔀	CAUSES OF DEATH?		
	or ote			21a, ACCIDENT WAS UNDERLYIN			21c.	HOW INJURY OCCU	JRRED (Enter natu	re of injury in Port 1 or Part 2,	Item 18.)	
	ospital or certificate thed for u		MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.N	١.	19					
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifica Page 4 may be retained by the haspital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then physicianled with the State Dept. of Health prior to burial, cremation, or removal,			21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY	( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f.	LOCATION Street	or R.F.D. No.	City or Town	County	State
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	the the	1		causes stated above	, (I) (we) (did	(did not) view th	e body ofte	r deoth.	, (02., 04.,			14 110111 1110
	A B D A F			22b. SIGNATURE	1		. 0	ATTENDING	MED.		DATE SIGNED	1
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	HOSPITAL OR ATTEN ge 4 moy be retained FUNERAL DIRECTOR: rector, page 3 should hould be filed with the	-		22d. PHYSICIAN'S NAME (Type) PF	ANN	R BW/s	AAT	22e. ADDR	/ 4	to 200		
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	Be oge		.23a.	BURIAL, CREMATION, 23b. REMOVAL (Specify) T-				OR CREMATORY		LOCATION (City or Town)	(Caunty)	(State)
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	VR A15 (4 30M REV, 1/	)		FUNERAL DIRECTOR		ADDRE			DATE JUN		SIGNATURE YOU	440
100	JUM KEY, I	00		Joseph Gawler	s Sons	. Inc. Was	h. D.	C.	DATE JUN .	13 1968 gold	- LOS Musi	1

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